



## Privacy Act Data Cover Sheet

### DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

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DD FORM 2923, MAR 2009

Case: 452555

Printing the following forms:

Initial CCSM Review

IDC Review

IDC Presentation

IPPI Risk Assessment Tool

IPPI Risk Assessment Tool

Collateral Contact Note

Safety and Lethality Assessment

IPPI Risk Assessment Tool

Domestic Abuse Risk Assessment

Command Contact Note

Collateral Contact Note

Administrative Note

IPPI Risk Assessment Tool

FAP Incident Report

Collateral Contact Note

Administrative Note

Collateral Contact Note

Command Contact Note

Printed On: 12/29/2022

The following non-native documents should be printed individually:

None

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Initial CCSM Review

Case Number: 452555



Date of Initial CCSM Review\*: 11/21/2022

Members Present (by Role): (k)(2), (b) (6) Tier III Clinician/ Acting CAS  
 (K)(2), (b) (6) Tier III Clinician  
 (K)(2), (b) (6) Tier I Clinician  
 (k)(2), (b) (6) Tier III Clinician  
 (K)(2), (b) (6) Victim Advocate  
 (K)(2), (b) (6) NPS  
 (K)(2), (b) (6) FAP Administrative Assistant  
 (K)(2), (b) (6) CAS

## SAFETY ASSESSMENT INFORMATION

1. Dangerous Acts:	Yes	8/10/2022	(k)(2), (b) (6), (b) (7)(C)
2. Impact:	Unknown	8/31/2022	The couple report a history of unhealthy communication dynamic where FMW leaves to her family home when they have conflict.
3. Imminent Risk of Harm:	No	8/31/2022	The couple have separated (k)(2), (b) (6), (b) (7)(C) while SMH remains in Maryland.
4. Threats of Harm:	No	8/31/2022	(k)(2), (b) (6), (b) (7)(C)
6. Pattern of Abusive Behavior:	Yes	8/31/2022	In the interview couple reports an unhealthy communication dynamic.
12. Victim Vulnerability:	Yes	8/10/2022	(k)(2), (b) (6), (b) (7)(C)
17. Note any additional factors judged to be of importance with regard to immediate safety:		8/10/2022	Central registry checked done today and no negative report for couple. CM to have an all four branch background check.

## RISK ASSESSMENT INFORMATION

Indicator	Rating	Explanation
1. Frequency of abuse	M	The SM and FMW reported police intervention 2-3 times in past year.
6. Significant relationship stressors (AV)	M	(k)(2), (b) (6), (b) (7)(C)

## SAFETY ACTIONS TAKEN TO DATE

Safety Actions Taken: Yes

Form Status: Committed

## Relevant Safety Information:

Contact Date: 8/10/2022

Provider Name: (k)(2), (b) (6)

Action Taken: CM discussed an MPO to be in place (k)(2), (b) (6), (b) (7)(C)

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

## Relevant Safety Information:

Contact Date: 8/10/2022

Provider Name: (k)(2), (b) (6)

Action Taken: (b) (6), (k)(2), (b) (7)(C)

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

## Relevant Safety Information:

Contact Date: 9/2/2022

Provider Name: (k)(2), (b) (6)

Action Taken: (k)(2), (b) (6), (b) (7)(C)

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

## Relevant Safety Information:

Contact Date: 9/21/2022

Provider Name: (k)(2), (b) (6)

Action Taken: Called CPS to report allegation of Child Abuse w/ SMF being the alleged AO and FMM the NOC (and reporter)

POC: Ms (k)(2), (b) (6) from Frederick Co CPS

Safety Actions Taken: Yes

Form Status: Committed

## Relevant Safety Information:

Contact Date: 11/18/2022

Provider Name: (k)(2), (b) (6)

Action Taken: (k)(2), (b) (6), (b) (7)(C)

POC: (k)(2), (b) (6)

Additional Safety Actions Recommended\*: No

## Family Description:

The couple are SMH age 23 and FMW age 24 they have two children a two year old and a new born baby. The couple are separated and live in different states. Per SMH they are in the process of divorce.

Relevant History: **COLLATERAL INFORMATION**

Collateral:		
Command	<input type="text" value="Yes"/>	Base Security <input type="text" value="Yes"/>
Law Enforcement	<input type="text" value="Yes"/>	NCIS <input type="text" value="No"/>
CPS	<input type="text" value="No"/>	Medical <input type="text" value="No"/>
Mental Health	<input type="text" value="No"/>	SARP (DAPA) <input type="text" value="No"/>
Chaplain	<input type="text" value="No"/>	CYP <input type="text" value="No"/>
Community Provider	<input type="text" value="No"/>	Witness(es) <input type="text" value="No"/>
Other	<input type="text" value="No"/>	
Comments:	<input type="text"/>	

**INCIDENT INFORMATION****Allegation #1: Spouse or Intimate Partner Emotional Abuse**IDC Status Determination: Victim: 

Victim Description of Act - A:

**(k)(2), (b) (6), (b) (7)(C)**Offender: 

Offender Description of Act - A:

"When I was visiting my son, FMW took my phone with out permission, locked herself in my sons room where my wallet, CAC ID, and and keys were left. She texted people in my contacts impersonating my identity to family and friends, I went to the room to get my items and she had door locked and refused to give wallet, CAC ID or phone to me so I can leave".

Moments later I saw police at door, I opened it and spoke with them".

Impact/Level of Harm: **Allegation #2: Spouse or Intimate Partner Physical Abuse**IDC Status Determination:



Victim: (k)(2), (b) (6), (b) (7)(C)

Victim Description of Act - A:

(k)(2), (b) (6), (b) (7)(C)

Offender: Ford, Jacob

Offender Description of Act - A:

SMH reported he restrained FMW while in bed because he was getting slapped and she bit his arm.

The SMH/AO stated, " Dec. 2020 My wife began to argue with me when I became upset at her father because he was drunk and making noises while I was at her parents house in Texas, she began hitting me on my chest, scratching me in on my stomach and chest, I pinned her arms down to stop and she bit me on wrist". I let her up and I left the house to get police.

Impact/Level of Harm: low

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## CLINICAL REVIEW AND RECOMMENDATIONS

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(k)(2), (b) (6), (b) (7)(C)

Level of Engagement/Motivation for Change:

(k)(2), (b) (6), (b) (7)(C)

Clinical Discussion:

Case reviewed by CCSM members, relevant history, and risk indicators discussed. This case did not meet criteria, it is a low risk case and will be closed and the family may reach out to the Fleet and Family Support Center (FFSC) 202-685-0229 should they need support in the future.

Support Services/Treatment Recommended:

CM recommends individual counseling at their own discretion through FFSC, chaplain, community providers or military one source.

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### Ford, Jacob

Level of Engagement/Motivation for Change:

Motivation is high as SM participated in the FAP process and obtained services through FAP.

Clinical Discussion:

Case reviewed by CCSM members, relevant history, and risk indicators discussed. This case did not meet criteria, it is a low risk case and will be closed and the family may reach out to the Fleet and Family Support Center (FFSC) 202-685-0229 should they need support in the future.

## Support Services/Treatment Recommended:

CM recommends individual counseling at their own discretion through fleet and family, chaplain, military one source, or community providers.

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**CREATE CENTRAL REGISTRY INCIDENT REPORTS**

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**- Allegation #1: Spouse or Intimate Partner Emotional Abuse**

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IDC Determination: **Does Not Meet Criteria - Referred for Services***Victim Information*

Victim\*: (k)(2), (b) (6), (b) (7)(C)

SSN\*: (k)(2), (b) (6), (b) (7)(C)

Date of Birth\*: (k)(2), (b) (6), (b) (7)(C)

Gender\*: **Female**Resource Type\*: **Family Member**Substance Abuse\*: **No**Alcohol **No**Drug **No**Unknown **No**No Substance Involved **No**Type of Victim\*: **Adult**Fatality Occurred\*: **No**Maltreatment Severity\*: **--***Sponsor Information*Sponsor\*: **Ford, Jacob**SSN\*: **199994252**Role of Sponsor: **Offender**Resource Type\*: **Uniformed Service Member**Branch\*: **Navy**Service Type\*: **Regular**Pay Plan\*: **EM**Pay Grade\*: **03***Alleged Offender Information*Primary Offender\*: **Ford, Jacob**Substance Abuse\*: **No**Alcohol **No**Drug **No**Unknown **No**No Substance Involved **No**SSN\*: **199994252**Date of Birth\*: **7/27/1999**Gender\*: **Male**Resource Type\*: **Uniformed Service Member**Pay Plan\*: **EM**Pay Grade\*: **03**Relationship to Victim\*: **Spouse****- Allegation #2: Spouse or Intimate Partner Physical Abuse**

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IDC Determination: **Does Not Meet Criteria - Referred for Services**

*Victim Information*

Victim\*: (k)(2), (b) (6), (b) (7)(C)  
SSN\*: (k)(2), (b) (6), (b) (7)(C) Date of Birth\*: (k)(2), (b) (6), (b) (7)(C)  
Gender\*: Female Resource Type\*: Family Member  
Substance Abuse\*: Alcohol No Drug No Unknown No  
No Substance Involved No  
Type of Victim\*: Adult  
Fatality Occurred\*: No  
Maltreatment Severity\*: --

*Sponsor Information*

Sponsor\*: Ford, Jacob  
SSN\*: 199994252 Role of Sponsor: Offender  
Resource Type\*: Uniformed Service Member Branch\*: Navy  
Service Type\*: Regular  
Pay Plan\*: EM Pay Grade\*: 03

*Alleged Offender Information*

Primary Offender\*: Ford, Jacob  
Substance Abuse\*: Alcohol No Drug No Unknown No  
No Substance Involved No  
SSN\*: 199994252 Date of Birth\*: 7/27/1999  
Gender\*: Male Resource Type\*: Uniformed Service Member  
Pay Plan\*: EM Pay Grade\*: 03  
Relationship to Victim\*: Spouse

**CASE DISPOSITION**

Transfer Case\*: No  
Flag\*: No  
Close Case\*: Yes

**SIGNATURES**

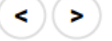
Signature of Provider: (k)(2), (b) (6) | Date of Signature: 11/21/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## IDC Review

Case Number: 452555



Date Presented\*: 11/14/2022

Number of Days Elapsed: 96

Was there a Delay? No

## COMMANDS

Command\*: CDR

(b)(2), (b)(6)

Representative Present:

Not Trained No

Number of Commands: 1

## IDC MEMBERS PRESENT

IDC Chairman: Yes

NCIS: No

Senior Enlisted Noncommissioned Officer: Yes

SJA: Yes

Security: Yes

FAR: Yes

## INPUT AND RECOMMENDATIONS

***Allegation #1: Spouse or Intimate Partner Emotional Abuse***

Victim: (b)(2), (b)(6), (b)(7)(C)

Offender: Ford, Jacob

***Voting Record for Allegation***

Status Determination\*: Does Not Meet Criteria

ACT: Yes: 0 No: 6

IMPACT: Yes: 0 No: 0

***Allegation #2: Spouse or Intimate Partner Physical Abuse***

Victim: (b)(2), (b)(6), (b)(7)(C)

Offender: Ford, Jacob

***Voting Record for Allegation***

Status Determination\*: Does Not Meet Criteria

ACT: Yes: 0 No: 6

IMPACT: Yes: 0 No: 6

EXCLUSION PRESENT: Yes: 0 No: 0

## SIGNATURES

Signature of Provider: (b)(2), (b)(6)

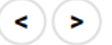
Date of Signature: 11/21/2022

## PRIVACY ACT

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## IDC Presentation

Case Number: 452555



Referred By: (k)(2), (b) (6)

Assigned By/ Case Manager: (k)(2), (b) (6)

Type of Allegation: Domestic Abuse (DA)

Date Reported: 8/10/2022

## SUMMARY OF INCIDENT

Allegation #1: Spouse or Intimate Partner Emotional Abuse

A. ACT: (non-accidental act, acts or threat, excluding physical or sexual abuse or threat, adversely affecting the victim's psychological well being):

Victim (k)(2), (b) (6), (b) (7)(C):

(k)(2), (b) (6), (b) (7)(C)

"When I was visiting my son, FMW took my phone with out permission, locked herself in my sons room where my wallet, CAC ID, and and keys were left. She texted people in my contacts impersonating my identity to family and friends, I went to the room to get my items and she had door locked and refused to give wallet, CAC ID or phone to me so I can leave".

Moments later I saw police at door, I opened it and spoke with them".

Offender [Ford, Jacob]:

B. IMPACT: (significant psychological harm including any of the following):

B1. More than inconsequential fear reaction:

Victim (k)(2), (b) (6), (b) (7)(C):

(k)(2), (b) (6), (b) (7)(C)

AO: "I think it was a set up, I think she had ulterior motive".  
When the cop was there on record FMM denied she was scared and she gave permission for me to stay but I left.

Offender [Ford, Jacob]:

B2. Significant psychological distress:

(k)(2), (b) (6), (b) (7)(C)

Victim [(k)(2), (b) (6), (b) (7)(C)]

Per AO, "She tried to take my phone to see if I was cheating and she purposely messaged people on my contacts then called police on me in spite". "This was stressful"

Offender [Ford, Jacob]:

**B3. Fear affecting ability to carry out any of the 5 life activities:**

**B3a. Employment:**

Victim [(k)(2), (b) (6), (b) (7)(C)] (k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]: Per AO FMW does not work.

**B3b. Education:**

Victim [(k)(2), (b) (6), (b) (7)(C)]

(k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]: N/A

**B3c. Religious Faith:**

Victim [(k)(2), (b) (6), (b) (7)(C)] (k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]: N/A

**B3d. Medical Services:**

Victim [(k)(2), (b) (6), (b) (7)(C)] (k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]: N/A

**B3e. Mental Health Services:**

Victim [(k)(2), (b) (6), (b) (7)(C)]

(k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]: Per AO "I feel my wife may be bi-polar"

**B4. Stress-related somatic symptoms:**

Victim [(k)(2), (b) (6), (b) (7)(C)] (k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]: Per AO "It has caused both of us stress and I am in counseling".

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***Allegation #2: Spouse or Intimate Partner Physical Abuse***

**A. ACT: (non-accidental use of physical force):**

(k)(2), (b) (6), (b) (7)(C)

Victim (k)(2), (b) (6), (b) (7)(C)

SMH reported he restrained FMW while in bed because he was getting slapped and she bit his arm.

The SMH/AO stated, " Dec. 2020 My wife began to argue with me when I became upset at her father because he was drunk and making noises while I was at her parents house in Texas, she began hitting me on my chest, scratching me in on my stomach and chest, I pinned her arms down to stop and she bit me on wrist". I let her up and I left the house to get police.

Offender [Ford, Jacob]:

**B. IMPACT: (significant impact involving any of the following):**

**B1. Any physical injury:**

Victim (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

There were scratches to chest and neck, red and bleeding, took pictures.

Offender [Ford, Jacob]:

**B2. Reasonable potential for more than inconsequential physical injury:**

Victim (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]:

**B3. More than inconsequential fear reaction:**

Victim (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]:

No I was not scared of her I wanted get away.

**EXCLUSIONS:** An act committed to protect the alleged abuses from imminent physical harm from the spouse or intimate partner who was in the act of using physical force (all three of the following must be met):

**1a. The act occurred while the spouse or intimate partner was in the act of using physical force:**

Victim (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]:

"I held her down because she was hitting me and then she bit me".

**1b. The sole purpose of the act was to stop spouse or intimate partner from using physical force:**

Victim (k)(2), (b) (6), (b) (7)(C)

N/A

Offender [Ford, Jacob]:

**1c. Use of force was minimally sufficient to stop the spouse or intimate partner's use of physical force:**

Victim (k)(2), (b) (6), (b) (7)(C)

N/A

Offender [Ford, Jacob]:

**Additional Information:**

NCIS: not involved

Police: police reports provided and CM handed them to Chief (k)(2), (b) (6).

Demographics: The young couple are separated and FMW lives in Texas has two kids ages 2 and 1 week old newborn.

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**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/10/2022

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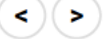


## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Intimate Partner Physical Injury Risk Assessment Tool

Case Number: 452555

**Initial Assessment only, not for Follow-up Assessments***This tool is designed to supplement, not replace the risk assessment protocol used by each branch of service.**Tool to be completed by the clinician after completing the Risk Assessment.**The tool is not to be completed by clients!*

In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

Alleged Offender: Ford, Jacob

Victim: (k)(2), (b) (6), (b) (7)(C)

**OFFENDER**

1. Caused minor injury(not requiring medical care) in incident: No

Notes:

2. Ever choked or strangled partner: No

Notes:

3. Denies incident occurred: No

Notes:

4. Increased frequency or severity of violence toward partner: Yes

Notes:

5. Blames others for incident: Unknown

Notes:

6. Attempts to control partner's access to friends/family/resources: No

Notes:

7. Physically aggressive toward partner prior to incident:

Notes:

8. Feels desperate about relationship: No

Notes:

9. Emotionally abusive towards partner: Yes

Notes:

10. Ever used or threatened to use weapons against partner: No

Notes:

11. Expresses ideas or opinions that justify violence towards partner: No

Notes:

12. Holds unrealistic expectations of partner: No

Notes:

**VICTIM**

13. Dissatisfied with military lifestyle: Unknown

Notes:

14. Attempting to leave relationship: Yes

Notes:

15. Fears for self or children or pets: 

Notes:

Total Score: 

(Number of Items Marked 'Yes')

Level of Risk: **WHO WAS INTERVIEWED?**

If both partners are alleged offenders, complete this form again (one per each offender).

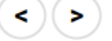
Alleged Offender: Victim: Child(ren) in Home: **SELECT ADDITIONAL SOURCES OF INFORMATION USED TO COMPLETE THIS FORM:**Command CPS Friend/Neighbor Law Enforcement Medical Personnel Witness Other **SIGNATURES**Signature of Provider: Date of Signature: 10/20/2022

## PRIVACY ACT

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## Intimate Partner Physical Injury Risk Assessment Tool

Case Number: 452555

**Initial Assessment only, not for Follow-up Assessments***This tool is designed to supplement, not replace the risk assessment protocol used by each branch of service.**Tool to be completed by the clinician after completing the Risk Assessment.**The tool is not to be completed by clients!*

In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

Alleged Offender: Ford, Jacob

Victim: (k)(2), (b) (6), (b) (7)(C)

**OFFENDER**

1. Caused minor injury(not requiring medical care) in incident: No

Notes:

No injury

2. Ever choked or strangled partner: No

Notes:

The FMM denied

3. Denies incident occurred: No

Notes:

4. Increased frequency or severity of violence toward partner: No

Notes:

5. Blames others for incident: No

Notes:

6. Attempts to control partner's access to friends/family/resources: No

Notes:

7. Physically aggressive toward partner prior to incident: Unknown

Notes:

8. Feels desperate about relationship: No

Notes:

9. Emotionally abusive towards partner: Unknown

Notes:

10. Ever used or threatened to use weapons against partner: No

Notes:

11. Expresses ideas or opinions that justify violence towards partner: No

Notes:

12. Holds unrealistic expectations of partner: No

Notes:

**VICTIM**

13. Dissatisfied with military lifestyle: No

Notes:

14. Attempting to leave relationship: Yes

Notes:

The SM is in process for filing for divorce.

15. Fears for self or children or pets:

**Notes:**

The SMF said wife left him with their two year old son to her family in Texas and he fears son is not in a healthy family environment.

Total Score:

(Number of Items Marked 'Yes')

Level of Risk:

**WHO WAS INTERVIEWED?**

If both partners are alleged offenders, complete this form again (one per each offender).

Alleged Offender:

Victim:

Child(ren) in Home:

**SELECT ADDITIONAL SOURCES OF INFORMATION USED TO COMPLETE THIS FORM:**

Command

CPS

Friend/Neighbor

Law Enforcement

Medical Personnel

Witness

Other

**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

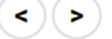
Date of Signature: 10/20/2022

## PRIVACY ACT

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## Collateral Contact Note

Case Number: 452555



Clinical Provider: (k)(2), (b) (6)

Contact Date: 9/21/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Contact Name: Frederick Co CPS (Ms (k)(2), (b) (6); (301) 600-(k)(2), (b) (6)

Collateral Contact: Child Protective Services

Type of Contact: Phone

Clinician called Frederick Co CPS to report allegation of Child Abuse. Ms. (k)(2), (b) (6) noted she would pass the intake for CPS case workers and someone would reach out regarding their decision to pursue investigation or not. No case reference number was provided. Ms. (k)(2), (b) (6) noted one would not be given during the call.

Contact Related to

Deployment: No

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: Yes

## Relevant Safety Information:

Contact Date: 9/21/2022

Provider Name: (k)(2), (b) (6)

Action Taken\*: Called CPS to report allegation of Child Abuse w/ SMF being the alleged AO and FMM the NOC (and reporter)

POC\*: Ms (k)(2), (b) (6) from Frederick Co CPS

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

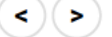
Date of Signature: 9/21/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Safety and Lethality Assessment

Case Number: 452555



In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

## ASSESSMENT QUESTIONS

1. Dangerous Acts:\*

Yes

Date: 8/10/2022

Answer: Yes

(k)(2), (b) (6), (b) (7)(C)

2. Impact:\*

Unknown

Date: 8/10/2022

Answer: Yes

(k)(2), (b) (6), (b) (7)(C)

Date: 8/31/2022

Rationale\*:

The couple report a history of unhealthy communication dynamic where FMW leaves to her family home when they have conflict.

3. Imminent Risk of Harm:\*

No

Date: 8/10/2022

Answer: Yes

(k)(2), (b) (6), (b) (7)(C)

Date: 8/31/2022

Rationale\*:

(k)(2), (b) (6), (b) (7)(C)

4. Threats of Harm:\*

No

Date: 8/31/2022

Rationale\*:

(k)(2), (b) (6), (b) (7)(C)

5. Weapons:\*

No

6. Pattern of Abusive Behavior:\*

Yes

Date: 8/31/2022

**Rationale\*:**

In the interview couple reports an unhealthy communication dynamic.

7. Increase in Frequency and Severity:\*

Unknown

8. Forced Sex:\*

No

9. Strangulation:\*

Unknown

10. Jealousy, possessiveness, and/or obsession including stalking:\*

Unknown

11. Use of Drugs or Alcohol:\*

Unknown

12. Victim Vulnerability:\*

Yes

Date: 8/10/2022

Answer: Yes

(k)(2), (b) (6), (b) (7)(C)

13. Failure to Meet Basic Needs:\*

No

14. Fear of Caretaker/Partner Expressed:\*

No

15. Non-Protective or Uncooperative Non-Offending Caretaker:

N/A

16. Central Registry Report:\*

No

17. Note any additional factors judged to be of importance with regard to immediate safety: None

Date: 8/10/2022

Answer: Yes

Central registry checked done today and no negative report for couple. CM to have an all four branch background check.

**SAFETY ACTIONS TAKEN**

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 8/10/2022

Provider Name: (k)(2), (b) (6)

Action Taken: (k)(2), (b) (6), (b) (7)(C)

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 8/10/2022

Provider Name: (k)(2), (b) (6)

Action Taken:

(k)(2), (b) (6), (b) (7)(C)

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 9/2/2022

Provider Name: (k)(2), (b) (6)

Action Taken:

FAP VA and AV discussed her safety plan which can remain the same at this time.

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 9/21/2022

Provider Name: (k)(2), (b) (6)

Action Taken:

Called CPS to report allegation of Child Abuse w/ SMF being the alleged AO and FMM the NOC (and reporter)

POC: Ms (k)(2), (b) (6) from Frederick Co CPS

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 11/18/2022

Provider Name: (k)(2), (b) (6)

Action Taken:

FAP VA and AV discussed her safety plan which can remain the same at this time.

POC: (k)(2), (b) (6)

**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/10/2022

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 9/1/2022

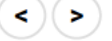


## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Intimate Partner Physical Injury Risk Assessment Tool

Case Number: 452555

**Initial Assessment only, not for Follow-up Assessments***This tool is designed to supplement, not replace the risk assessment protocol used by each branch of service.**Tool to be completed by the clinician after completing the Risk Assessment.**The tool is not to be completed by clients!*

In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

Alleged Offender: **Ford, Jacob**

Victim: (k)(2), (b) (6), (b) (7)(C)

**OFFENDER**1. Caused minor injury(not requiring medical care) in incident: **No** Notes:2. Ever choked or strangled partner: **No** Notes:3. Denies incident occurred: **No** Notes:4. Increased frequency or severity of violence toward partner: **No** Notes:5. Blames others for incident: **No** Notes:6. Attempts to control partner's access to friends/family/resources: **Unknown** Notes:7. Physically aggressive toward partner prior to incident: **No** Notes:8. Feels desperate about relationship: **Yes** Notes:9. Emotionally abusive towards partner: **Unknown** Notes:10. Ever used or threatened to use weapons against partner: **No** Notes:11. Expresses ideas or opinions that justify violence towards partner: **No** Notes:12. Holds unrealistic expectations of partner: **No** Notes:**VICTIM**13. Dissatisfied with military lifestyle: **No** Notes:14. Attempting to leave relationship: **Unknown** Notes:

15. Fears for self or children or pets: ☒ Yes

Notes:

Total Score: 

(Number of Items Marked 'Yes')

Level of Risk: **WHO WAS INTERVIEWED?**

If both partners are alleged offenders, complete this form again (one per each offender).

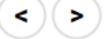
Alleged Offender: ☒ YesVictim: ☒ YesChild(ren) in Home: ☒ Yes**SELECT ADDITIONAL SOURCES OF INFORMATION USED TO COMPLETE THIS FORM:**Command ☒ YesCPS ☐ NoFriend/Neighbor ☐ NoLaw Enforcement ☒ YesMedical Personnel ☐ NoWitness ☐ NoOther ☐ No**SIGNATURES**Signature of Provider: (k)(2), (b) (6)Date of Signature: 8/22/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Domestic Abuse Risk Assessment

Case Number: 452555



Date\*: 8/22/2022

The risk assessment form is a tool to develop a treatment plan for the family. Information gathered from the safety assessment, interviews with all family members and collateral contacts (medical, law enforcement, mental health, etc.) will be included to help guide your clinical consideration for each risk indicator. Current and historical family functioning should be considered.

## RISK INDICATORS

Indicator	Low Marker Criteria	Rating	High Marker Criteria
1. Frequency of abuse	None or isolated incident.	Med	2-3 incidents within a recent time period.
<b>Rationale*:</b> The SM and FMW reported police intervention 2-3 times in past year.			
2. Intimidation & control issues (AO)	Decisions are shared. Does not limit access to friends, family, money, etc.	Insufficient Info/Unknown	Maintains control by abuse or limiting access to family, friends, money, and transportation.
<b>Rationale*:</b> The fmw reports financial needs for her and son not being taken care of by SMH.			
3. Beliefs supporting relationship violence (AO)	Few.	Low	Multiple. Justifies correctness of action. Rationalizes behavior.
4. Locus of control (AO)	Assumes appropriate responsibility.	Low	Blames victim or others. Denies, minimizes, rationalizes.
5. Significant relationship stressors (AO)	None reported (AO).	Low	Infidelity or perceived infidelity, significant ongoing relationship conflict. Fear of relationship failure/abandonment. Jealousy.
6. Significant relationship stressors (AV)	None reported (AV).	Med	Infidelity or perceived infidelity, significant ongoing relationship conflict. Fear of relationship failure/abandonment. Jealousy.
<b>Rationale*:</b> (k)(2), (b) (6), (b) (7)(C)			
7. Motivation to change (AO)	Cooperative and appears sincere. Willing to participate in treatment.	Low	Uncooperative, resistant and/or manipulative.
8. Physical, emotional, mental impairment (AO)	(AO) No current symptoms or conditions.	Low	Significant impairment due to untreated or unmanaged physical/mental health condition or trauma, including that experienced during military service.
9. Physical, emotional, mental impairment (AV)	(AV) No current symptoms or conditions.	Low	Significant impairment due to untreated or unmanaged physical/mental health condition or trauma, including that experienced during military service.
10. Substance abuse (AO)	None.	Low	Impaired/addictive.

Indicator	Low Marker Criteria	Rating	High Marker Criteria
11. History of abusive behavior (AO)	No reported history of abusive/assaultive behaviors.	Low	History of civilian or military criminal behavior. Prior abusive/assaultive behavior toward adults, children and/or pets. Violation of court orders; etc.
12. History of victimization (AO)	None (AO).	Low	Childhood abuse, abuse by prior partner or violent crime victimization, etc.
13. History of victimization (AV)	None (AV).	Low	Childhood abuse, abuse by prior partner or violent crime victimization, etc.
14. Significant family stressors	Few stressors reported. Financial stability.	Low	Events or situations that adversely affect family functioning, including unwanted pregnancy, custody/visitation disputes, indebtedness; etc.
15. Access to social support/services	Friends (more than two); extended family. Involvement in religious or social organizations; etc.	Low	Isolated. No friends or visitors. Does not utilize available support services.
16. Family strengths	Multiple.	Low	Few.

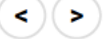
**SIGNATURES**Signature of Provider: (k)(2), (b) (6)Date of Signature: 8/22/2022

## PRIVACY ACT

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## Command Contact Note

Case Number: 452555



Clinical Provider: (k)(2), (b) (6)

Contact Date: 8/17/2022

Time Spent: 0 Hours 30 Mins

Type of Contact: Phone

## CONTACT

Contact Name: LCDR (k)(2), (b) (6)

Command: ANAC NSF Thurmont

Contact Related to

Deployment: ☐

CM spoke with command about the FMW reporting she went to the CAC ID office on base in Texas today and learned she was not on the DEERS system. The ID office advised the SM needed to complete the application form and upload to the Deers system so FMW can obtain base services. CM let the service member know and emailed the form so this can be done as soon as possible. Command said he would check on the process with service member to make sure FMW was taken care of, in addition CM reported (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

The CM asked about a neutral third party to be the go between for the couple as this case manager today was the go between but to have a plan in place for the couple to be able to communicate through a third party. LCDR (k)(2), (b) (6) said he was going to have a meeting today with the triad to determine who in his command will do that and let CM know the update. There is no

Summary of Contact: MPO in place for couple and no plans to have one in place.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

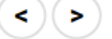
Date of Signature: 8/18/2022

## PRIVACY ACT

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## Collateral Contact Note

Case Number: 452555



Clinical Provider: (k)(2), (b) (6)

Contact Date: 8/12/2022

Time Spent: 0 Hours 15 Mins

## CONTACT

Contact Name: Central registry check

Collateral Contact: other

Type of Contact: Email

Summary of Contact: CM did a Navy central registry check on the couple and it reported no negative information. CM emailed (k)(2), (b) (6) for an all four branch background check.

Contact Related to  
Deployment: ☐

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

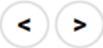
## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/12/2022

Administrative Note

Case Number: 452555



Provider's Name: (k)(2), (b) (6)

Date: 8/12/2022

Administration: Not Applicable

Attempted Contact: ☐

Administrative Note: CM followed up via email and phone call with Command and NCIS to determine MPO and if NCIS will investigate case.

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

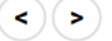
Date of Signature: 8/12/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Intimate Partner Physical Injury Risk Assessment Tool

Case Number: 452555

**Initial Assessment only, not for Follow-up Assessments***This tool is designed to supplement, not replace the risk assessment protocol used by each branch of service.**Tool to be completed by the clinician after completing the Risk Assessment.**The tool is not to be completed by clients!*

In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

Alleged Offender: Ford, Jacob

Victim: (k)(2), (b) (6), (b) (7)(C)

**OFFENDER**

1. Caused minor injury(not requiring medical care) in incident: No

Notes:

2. Ever choked or strangled partner: Unknown

Notes:

3. Denies incident occurred: No

Notes:

4. Increased frequency or severity of violence toward partner: Yes

Notes:

5. Blames others for incident: Unknown

Notes:

6. Attempts to control partner's access to friends/family/resources: Yes

Notes:

7. Physically aggressive toward partner prior to incident: Yes

Notes:

8. Feels desperate about relationship: Yes

Notes:

9. Emotionally abusive towards partner: Yes

Notes:

10. Ever used or threatened to use weapons against partner: Unknown

Notes:

11. Expresses ideas or opinions that justify violence towards partner: Unknown

Notes:

12. Holds unrealistic expectations of partner: Unknown

Notes:

**VICTIM**

13. Dissatisfied with military lifestyle: No

Notes:

14. Attempting to leave relationship: Yes

Notes:



15. Fears for self or children or pets: ☒ Yes

Notes:

Total Score: 

(Number of Items Marked 'Yes')

Level of Risk: **WHO WAS INTERVIEWED?**

If both partners are alleged offenders, complete this form again (one per each offender).

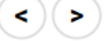
Alleged Offender: ☒ YesVictim: ☒ YesChild(ren) in Home: ☒ Yes**SELECT ADDITIONAL SOURCES OF INFORMATION USED TO COMPLETE THIS FORM:**Command ☒ YesCPS ☐ NoFriend/Neighbor ☐ NoLaw Enforcement ☒ YesMedical Personnel ☐ NoWitness ☐ NoOther ☐ No**SIGNATURES**Signature of Provider: (k)(2), (b) (6)Date of Signature: 8/10/2022

## PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE*

## FAP Incident Report

Case Number: 452555



Date Reported\*: 8/10/2022

Date Incident Occurred\*: 8/10/2022

Time Spent: 1 Hours 0 Mins

Reported By: (k)(2), (b) (6)

Phone # of Reporter: 301-400- (k)(2), (b) (6) desk 301-312- (k)(2), (b) (6) cell

Organization of Reporter\*: Military: FFSC

Reported Type: New Incident

## DESCRIPTION OF INCIDENT

Describe the Reported Act and any Known Impact:

Alleged offender is the service member husband

Ford, Jacob- SMH 7/27/1999

Alleged victim is the FMW

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

The couple moved to Maryland two weeks ago from Florida to his new command at Thurmont Camp David.

Two weeks prior to couple moving here, per (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

Per FAP counselor at Bethesda she documented this on interview

with (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

It was determined: after case consult with the DAVA and FAR that safety/risk is high and we will un-restrict report. (k)(2), (b) (6), (b) (7)(C)

Type of Alleged Victim: Spouse/Intimate Partner (k)(2), (b) (6), (b) (7)(C)

Explained: Yes

Mandatory Reporting

Requirement Explained: Yes

Victim Reporting Options

Explained and

Understood: Yes

Type of Abuse Alleged at

Intake\*:

Emotional Yes

Neglect No

Physical Yes

Sexual No

## ELIGIBILITY DECISION

Is either alleged victim or offender a military beneficiary? Yes

Case Status Decision: Continue Assessment

Is there a reasonable suspicion of child abuse, domestic abuse or imminent risk of harm? Yes

### Information and Referral Actions Taken:

CM offered the client victim advocate and she accepted with (k)(2), (b) (6)

(k)(2), (b) (6)

CM contacted command to discuss case and FMW agreed to an MPO.

CM emailed NCIS to determine if case meets threshold for investigation.

(k)(2), (b) (6), (b) (7)(C)

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/10/2022

## APPENDAGE NOTES

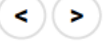
Number	Appendage Note	Provider's Name	Date
1	(k)(2), (b) (6), (b) (7)(C)	(k)(2), (b) (6)	9/1/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 452555



Clinical Provider: (k)(2), (b) (6)

Contact Date: 8/10/2022

Time Spent: 0 Hours 0 Mins

## CONTACT

Contact Name: COL (k)(2), (b) (6) -202-433 (k)(2), (b) (6)

Collateral Contact: Base Security

Type of Contact: In Person

Summary of Contact:

CM spoke with Col (k)(2), (b) (6) about the case and police report. It was determined to obtain the police number and date so he can have it for review.

Contact Related to

Deployment: No

Type of Deployment: --

Members Deployment Status at Time of Contact: --

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken:

Relevant Safety Information:

Contact Date: 8/10/2022

Provider Name: (k)(2), (b) (6)

Action Taken\*:

POC\*:

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

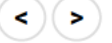
Date of Signature: 8/10/2022

## PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE*

## Administrative Note

Case Number: 452555



Provider's Name: (k)(2), (b) (6)

Date: 8/10/2022

Administration: Not Applicable

Attempted Contact:

case consult: This case was restricted and it was determined to be

Administrative Note: unrestricted by FAR.

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

|

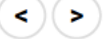
Date of Signature: 8/10/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 452555



Clinical Provider: (k)(2), (b) (6)

Contact Date: 8/10/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Contact Name: Supervisor (k)(2), (b) (6)

Collateral Contact: Navy Medical

Type of Contact: Email

CM provided an email summary of the allegations of physical and emotional abuse by FMW on this day. CM will follow up to see if it meets threshold for investigation.

Contact Related to  
Deployment:

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/10/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Command Contact Note

Case Number: 452555

Clinical Provider: (k)(2), (b) (6)

Contact Date: 8/10/2022 Time Spent: 0 Hours 30 Mins

Type of Contact: Phone



## CONTACT

Contact Name: (k)(2), (b) (6)

Command: ANAC NSF Thurmont

Contact Related to

Deployment: No

Summary of Contact: CM spoke with LCDR (k)(2), (b) (6) who reported he spoke with the service member who came to him about police coming to his home on Sunday 8/7. Discussed the allegations are emotional and physical abuse. Discussed an MPO for the couple (k)(2), (b) (6), (b) (7)(C) (k)(2), (b) (6), (b) (7)(C) (k)(2), (b) (6), (b) (7)(C) The FMW is now in Texas at her family home. LCDR said SMH expressed concern that she took child out of state as her family home is dysfunctional. LCDR told his service member to work with JAG on the legal matter. LCDR said SMH reported a different version of the allegations saying his wife wants to leave him and ruin his career. (k)(2), (b) (6), (b) (7)(C) CM will report to NCIS and follow up with feedback.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: Yes

## Relevant Safety Information:

Contact Date: 8/10/2022

Provider Name: (k)(2), (b) (6)

CM discussed an MPO to be in place as the FMW agreed to

Action Taken\*: protection.

POC\*: LCDR (k)(2), (b) (6)

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/10/2022





## Privacy Act Data Cover Sheet

### DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s). (DoD Directive 5400.11, "Department of Defense Privacy Program," May 8, 2007.)

DD FORM 2923, MAR 2009

Case: 452555

Client: Ford, Jacob

**Printing the following forms:**

FAP Client Contact Note

Disclosure Accounting

Administrative Note

Collateral Contact Note

FAP Client Contact Note

FAP Client Contact Note

FAP Client Contact Note

Incident Assessment

FAP Client Contact Note

Printed On: 12/29/2022

**The following non-native documents should be printed individually:**

Determination letter

IDC notification letter

Fap information sheet, Privacy act, Statement of Rights

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 452555

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 11/17/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment: No

Summary of Contact: CM spoke with the client about CCSM recommendation and shared counseling resources. Shared resources through Zeiders and Life you university.

CM explained the command wanted to rehear the physical abuse allegation again as he the AV and FMW as the AO so a new case will be opened. The SMH agreed to interview for that new case.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/21/2022

PRIVACY ACT	<i>This information is Privacy Act protected - SENSITIVE</i>
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Disclosure Accounting Form

RECORD OF DISCLOSURE

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM  
THIS RECORD COULD SUBJECT THE DISCLOSER TO CRIMINAL PENALTIES

- 1. This is to remain a permanent part of the record described below.
- 2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, except:
  - 1. Disclosure to DoD or DoN personnel having a need to know in the performance of their official duties.
  - 2. Disclosure of items listed in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.5 series.

Title and Description of Record:

ID	Date Of Disclosure*	Method Of Disclosure*	Purpose Or Authority*	Name & Address Of Person Or Agency To Whom Disclosed*
7250975	11/7/2022	none	none	none

Administrative Note

Case Number: 452555

Client Name: Ford, Jacob



Provider's Name: (k)(2), (b) (6)

Date: 11/7/2022

Administration: --

Attempted Contact: ☐

IDC notification letter was sent to client and command on this day.

Administrative Note:

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

|

Date of Signature: 11/7/2022

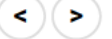
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 452555

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Contact Date: 8/24/2022

Time Spent: 0 Hours 0 Mins

## CONTACT

Contact Name: COL (k)(2), (b) (6) -202-433- (k)(2), (b) (6)

Collateral Contact: Base Security

Type of Contact: Phone

Summary of Contact: CM provided to Col (k)(2), (b) (6) email with attached police report he wanted to provide to the IDC. (Florida and Maryland reports). CM arranged a case consult with Col (k)(2), (b) (6) to discuss case before IDC.

Contact Related to

Deployment: No

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/24/2022

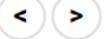
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 452555

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 8/22/2022

Time Spent: 1 Hours 0 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment:

Summary of Contact: CM spoke with the service member who said he was able to upload to the DEERS system FMW and son as dependents so they can access services on base. The SM also said he spoke to command and will respond to FMW about his son and finances.

The SM said he has prior police reports he would like to share for the IDC and will be emailing them to me. CM explained the process of providing to base security the police reports to be address at IDC.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/22/2022

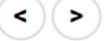
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 452555

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 8/17/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment:

CM spoke with SMH about his spouse reported she was not in the Deers sytem and needed SM to complete and upload to the Deers system so wife can have base access. CM emailed the necessary form and he said he would complete and upload as soon as possible. CM to follow up when process complete and let FMW know.

Summary of Contact:

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/18/2022

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

FAP Client Contact Note

Case Number: 452555

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 8/15/2022

Time Spent: 1 Hours 0 Mins

CONTACT

Type of Contact: In Person

Contact Related to  
Deployment:



Summary of Contact: CM interviewed AO for Incident assessment on this day.

CM complete the initial FAP assessment. Clients' Rights and Responsibilities, the Privacy Act Statement, Limits of Confidentiality and mandated reporting requirements were explained to client, who verbally acknowledged his understanding and signed the required documents. The Privacy Act Statement contains identification for the Personnel Reliability Program (PRP). PRP status marked as "NO." The Family Advocacy Process, Mandated Reporting, Limits of Confidentiality, and reasons for potential treatment failures, were reviewed and discussed with the client by this writer, and client acknowledged his understanding verbally and by signing the appropriate forms prior to disclosing details of the alleged incident.

Aftercare treatment planning and options were discussed with client.

AO- CM Provided information and resources to counseling services at FFSC, Chaplain, and Military source one to address stressors related to incident. The client accepted counseling services and a referral to a clinician has been made.

Safety Issues: AO reported no substance abuse, mental health disorders, reported presently or in the past.

Client reported No suicidal/homicidal issues. The client reported no weapons were involved in the incident. The client reported no safety concerns.

The client shared stressors related to separation/divorce process with spouse and custody arrangements along with move out of family home as a consequence this has fractured the family.

CM explained FAP process, IDC meeting notification and purpose of IDC process.

CM interviewed NOC for Incident assessment on this day.

CM complete the initial FAP incident assessment.

Aftercare treatment planning and options were discussed with client.

---

#### CONTACTS SEEN

Uniform Service Members:   
Federal Civil Servants:

Family Members:   
Civilians:

Non-Beneficiaries:   
Total Contacts Seen:

---

#### SAFETY ACTIONS TAKEN

Safety Actions Taken: 

No

SIGNATURES

Signature of Provider: 

(k)(2), (b) (6)

 | Date of Signature: 8/18/2022

APPENDAGE NOTES

Number	Appendage Note	Provider's Name	Date
1	Note pended late due to overwhelming work load with walk ins and cases.	(k)(2), (b) (6)	8/18/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Incident Assessment

Case Number: 452555

Client Name: Ford, Jacob



## CONTACT

Date\*: 8/12/2022

Time Spent: 1 Hours 0 Mins

Type of contact: Phone

Is this individual on active duty? ☐

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 1

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## QUESTIONS

Privacy act explained? Yes

Mandatory reporting requirement explained? Yes

Client rights and responsibilities explained? Yes

Client questions? No

Client consent to participate? Yes

Was the FAP process explained? Yes

## ALLEGATIONS

Allegation #1: Spouse or Intimate Partner Emotional Abuse

Role in Allegation: Offender

Roles defined on other Incident Assessment forms:

(b)(2), (b)(6), (b)(7)(C) identified as Victim on form 7135103 (Committed)

Note: Requirement of single Victim and Offender roles is satisfied for this Allegation.

**A. ACT:** (non-accidental act, acts or threat, excluding physical or sexual abuse or threat, adversely affecting the victim's psychological well being):

"When I was visiting my son, FMW took my phone with out permission, locked herself in my sons room where my wallet, CAC ID, and and keys were left. She texted people in my contacts impersonating my identity to family and friends, I went to the room to get my items and she had door locked and refused to give wallet, CAC ID or phone to me so I can leave".

Moments later I saw police at door, I opened it and spoke with them".

**B. IMPACT:** (significant psychological harm including any of the following):

**B1. More than inconsequential fear reaction:**

AO: "I think it was a set up, I think she had ulterior motive". When the cop was there on record FMM denied she was scared and she gave permission for me to stay but I left.

**B2. Significant psychological distress:**

Per AO, "She tried to take my phone to see if I was cheating and she purposely messaged people on my contacts then called police on me in spite". "This was stressful"

**B3. Fear affecting ability to carry out any of the 5 life activities:**

**B3a. Employment:**

Per AO FMW does not work.

**B3b. Education:**

N/A

**B3c. Religious Faith:**

N/A

**B3d. Medical Services:**

N/A

**B3e. Mental Health Services:**

Per AO "I feel my wife may be bi-polar"

**B4. Stress-related somatic symptoms:**

Per AO "It has caused both of us stress and I am in counseling".

***Allegation #2: Spouse or Intimate Partner Physical Abuse***

Role in Allegation: Offender

**Roles defined on other Incident Assessment forms:**

• (b)(2), (b)(6), (b)(7)(C) identified as **Victim** on form 7135103 (Committed)

Note: Requirement of single Victim and Offender roles is satisfied for this Allegation.

**A. ACT: (non-accidental use of physical force):**

SMH reported he restrained FMW while in bed because he was getting slapped and she bit his arm.

The SMH/AO stated, " Dec. 2020 My wife began to argue with me when I became upset at her father because he was drunk and making noises while I was at her parents house in Texas, she began hitting me on my chest, scratching me in on my stomach and chest, I pinned her arms down to stop and she bit me on wrist". I let her up and I left the house to get police.

**B. IMPACT: (significant impact involving any of the following):**

**B1. Any physical injury:**

There were scratches to chest and neck, red and bleeding, took pictures.

**B2. Reasonable potential for more than inconsequential physical injury:**

☐

**B3. More than inconsequential fear reaction:**

No I was not scared of her I wanted get away.

**EXCLUSIONS:** An act committed to protect the alleged abuses from imminent physical harm from the spouse or intimate partner who was in the act of using physical force (all three of the following must be met):

1a. The act occurred while the spouse or intimate partner was in the act of using physical force:

"I held her down because she was hitting me and then she bit me".

1b. The sole purpose of the act was to stop spouse or intimate partner from using physical force:

☐

1c. Use of force was minimally sufficient to stop the spouse or intimate partner's use of physical force:

☐

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## RISK ASSESSMENT INTERVIEW

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1. Frequency of abuse:

Per SMH he reports he and his spouse has always had problems with communication and understanding.

2. Intimidation & control issues (AO):

Per SMH, it has been both ways with threatening me and my job. She will post pictures on line and he will comment and she will say he is controlling even with budget.

3. Beliefs supporting relationship violence (AO):

☐

4. Locus of control (AO):

Per SMH, he says half and half they are both responsible.

5. Significant relationship stressors (AO):

Per SMH we have financial stress difficulty communication, feel like walking on egg shells.

6. Significant relationship stressors (AV):

Per SMH she feels unheard, pregnant stressed and a young child to take care of, she feels like she cant talk to me.

7. Motivation to change (AO):

Per SMH, "The children"

8. Physical, emotional, mental impairment (AO):

The SMH said he is not diagnosed with any emotional or mental impairment.

9. Physical, emotional, mental impairment (AV):

The SMH said FMW has epilepsy.

10. Substance abuse (AO):

The SMH said he does not drink alcohol.

11. History of abusive behavior (AO):

☐

12. History of victimization (AO):

☐

13. History of victimization (AV):

☐

14. Significant family stressors:

☐

**15. Access to social support/services:**

This is not a problem.

**16. Family strengths:****Biopsychosocial information:**

The client is a 23 year old Caucasians male married with a two year son. He is an E3 works at Thurmont NSF. FMW is a 23 year old, (k)(2), (b) (6), (b) (7)(C)

Backstory:1st situation occurred in Florida in July. (k)(2), (b) (6), (b) (7)(C)

Per SM/AO, "She was upset about how the baby shower was hosted by my grandparents, she began arguing with me, "she was starting drama". She threaten to destroy my career, so I decided to start recording her. I went to my parents to stay away until police came because she said she was calling police". Police came and she said she wants to leave to go to Texas with her family. "My wife has a tendency to leave and come bank and forth from Texas to me, whenever she doesn't get her way, she wants leaves. She ran up my bank account it gets Maxed out so I freeze the card, she steals cash from my wallet, she spends money on gym, and shopping. When we first were together we did a budget, but when she wants something it goes out the window and she buys what she wants"

Ever since Florida I have not stayed with her in the same house, I was staying with my Navy coworker.

**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/10/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 452555

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 8/10/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment: No

Type of Deployment: --

Member's Deployment Status at Time of Contact: --

Summary of Contact: CM called SMH to notify of FAP report/ allegations to schedule an interview.

The SM said he can come into office for interview on 8/15. He reported no safety concerns and accepting and wanted individual counseling. CM to consult with supervisor to assign counseling.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## Relevant Safety Information:

Contact Date: 8/10/2022

Provider Name: (k)(2), (b) (6)

Action Taken\*:

POC\*:

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 8/10/2022



## Privacy Act Data Cover Sheet

### DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

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DD FORM 2923, MAR 2009

Case: 456102

Printing the following forms:

Initial CCSM Review

IDC Review

IDC Presentation

Command Contact Note

Child Abuse Risk Assessment

Collateral Contact Note

Safety and Lethality Assessment

FAP Incident Report

Collateral Contact Note

Command Contact Note

Collateral Contact Note

Command Contact Note

Collateral Contact Note

Administrative Note

Printed On: 12/29/2022

The following non-native documents should be printed individually:

None



## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Initial CCSM Review

Case Number: 456102



Date of Initial CCSM Review\*: 11/21/2022

Members Present (by Role): (k)(2), (b) (6) III Clinician/ Acting CAS  
 (k)(2), (b) (6) Tier III Clinician  
 (k)(2), (b) (6) Tier I Clinician  
 (k)(2), (b) (6) Tier III Clinician  
 (k)(2), (b) (6) Victim Advocate  
 (k)(2), (b) (6) NPS  
 (k)(2), (b) (6) FAP Administrative Assistant  
 (k)(2), (b) (6) CAS

## SAFETY ASSESSMENT INFORMATION

1. Dangerous Acts:	Yes	9/23/2022	(k)(2), (b) (6), (b) (7)(C)
12. Victim Vulnerability:	Yes	9/23/2022	The infant is one year.
14. Fear of Caretaker/Partner Expressed:	Yes	9/23/2022	(k)(2), (b) (6), (b) (7)(C)
17. Note any additional factors judged to be of importance with regard to immediate safety:		9/23/2022	Central registry check completed no negative marks The FMM no longer lives with SMF, she moved to Texas and lives with her family along with child.

## RISK ASSESSMENT INFORMATION

Indicator	Rating	Explanation
1. Frequency of maltreatment	M	(k)(2), (b) (6), (b) (7)(C)
15. Significant family stressors	M	The couple are in process of divorce and experiencing financial stressors.

## SAFETY ACTIONS TAKEN TO DATE

Additional Safety Actions Recommended\*: No

## Family Description:

The couple are SMH age 23 yrs old and FMW age 24 and they have a two year old son and a new born daughter. The couple are presently separated living in different states. Per SMH they are in process of filing for divorce.

Relevant History:

**COLLATERAL INFORMATION**

Collateral:

Command Law Enforcement CPS Mental Health Chaplain Community Provider Other Comments: Base Security NCIS Medical SARP (DAPA) CYP Witness(es) **INCIDENT INFORMATION****Allegation #1: Child Physical Abuse**IDC Status Determination: Victim: 

Victim Description of Act - A:

Offender: 

Offender Description of Act - A:

Non-offending Parent: 

Non-offending Parent Description of Act - A:

Impact/Level of Harm:

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**CLINICAL REVIEW AND RECOMMENDATIONS**

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(k)(2), (b) (6), (b) (7)(C)

**Level of Engagement/Motivation for Change:**

Per interview, level of motivation is high as SMF participated in the FAP process.

**Clinical Discussion:**

Case reviewed by CCSM members, relevant history, and risk indicators discussed. This case did not meet criteria, it is a low risk case and will be closed and the family may reach out to the Fleet and Family Support Center (FFSC) 202-685-0229 should they need support in the future.

**Support Services/Treatment Recommended:**

Recommend individual counseling through community providers, new parent support, FFSC, or military one source.

---

***Ford, Jacob***

---

**Level of Engagement/Motivation for Change:**

Per interview, level of motivation is high as SMF participated in the FAP process.

**Clinical Discussion:**

Case reviewed by CCSM members, relevant history, and risk indicators discussed. This case did not meet criteria, it is a low risk case and will be closed and the family may reach out to the Fleet and Family Support Center (FFSC) 202-685-0229 should they need support in the future.

**Support Services/Treatment Recommended:**

Recommend individual counseling and psycho-education on child development through new parent support, community providers, online zeiders class.

---

***Ford Blanco, James***

---

Level of Engagement/Motivation for Change: The child did not participate. CPS was not involved.

**Clinical Discussion:**

Case reviewed by CCSM members, relevant history, and risk indicators discussed. This case did not meet criteria, it is a low risk case and will be closed and the family may reach out to the Fleet and Family Support Center (FFSC) 202-685-0229 should they need support in the future.

Support Services/Treatment Recommended: Recommend Counseling at parents discretion.

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**CREATE CENTRAL REGISTRY INCIDENT REPORTS**

---

**- Allegation #1: Child Physical Abuse**

---

IDC Determination: Does Not Meet Criteria - Referred for Services

*Victim Information*

Victim\*: **Ford Blanco, James**  
SSN\*: **999999999** Date of Birth\*: **10/18/2020**  
Gender\*: **Male** Resource Type\*: **Family Member**  
Substance Abuse\*: ☐ Alcohol **No** Drug **No** Unknown **No**  
No Substance Involved **No**  
Type of Victim\*: **Child**  
Fatality Occurred\*: **No**  
Maltreatment Severity\*: **--**

*Sponsor Information*

Sponsor\*: **Ford Blanco, James**  
SSN\*: **999999999** Role of Sponsor: **Victim**  
Resource Type\*: **Family Member** Branch:   
Service Type:  Pay Plan:   
Pay Grade:

*Alleged Offender Information*

Primary Offender\*: **Ford, Jacob**  
Substance Abuse\*: ☐ Alcohol **No** Drug **No** Unknown **No**  
No Substance Involved **No**  
SSN\*: **199994252** Date of Birth\*: **7/27/1999**  
Gender\*: **Male** Resource Type\*: **Uniformed Service Member**  
Pay Plan\*: **EM** Pay Grade\*: **03**  
Relationship to Victim\*: **Other Family Member**

**CASE DISPOSITION**

Transfer Case\*: **No**  
Flag\*: **No**  
Close Case\*: **Yes**

**SIGNATURES**Signature of Provider: **(k)(2), (b) (6)**Date of Signature: 11/21/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## IDC Review

Case Number: **456102**Date Presented\*: **11/14/2022**Number of Days Elapsed: **52**Was there a Delay? **No**

## COMMANDS

Command\*: CDR **(k)(2), (b) (6)** Representative Present: **Yes** Not Trained **No** Number of Commands:**1**

## IDC MEMBERS PRESENT

IDC Chairman: **Yes**NCIS: **No**Senior Enlisted Noncommissioned Officer: **Yes**SJA: **Yes**Security: **Yes**FAR: **Yes**

## INPUT AND RECOMMENDATIONS

***Allegation #1: Child Physical Abuse***Victim: **Ford Blanco, James**Offender: **Ford, Jacob*****Voting Record for Allegation***Status Determination\*: **Does Not Meet Criteria**ACT: Yes: **0** No: **6**IMPACT: Yes: **0** No: **0**EXCLUSION PRESENT: Yes: **0** No: **0**

## SIGNATURES

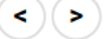
Signature of Provider: **(k)(2), (b) (6)**Date of Signature: 11/21/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## IDC Presentation

Case Number: 456102



Referred By: Spouse

Assigned By/ Case Manager: (k)(2), (b) (6)

Type of Allegation: Child Abuse (CA)

Date Reported: 9/23/2022

## SUMMARY OF INCIDENT

Allegation #1: Child Physical Abuse**A. ACT: (non-accidental use of physical force on the part of a child's caregiver):**

Victim [Ford Blanco, James]:	<p>SMF grabbed sons arm forcible leaving a red mark.</p> <p>The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.</p> <p>SMF grabbed sons arm forcible leaving a red mark.</p> <p>Per SMF/AO: "I was in the shower and my wife came in with my son who was covered in poop and she put him in the shower with me, I was trying to control him from slipping and moving while cleaning him off. "I was holding his arm"</p> <p>Per SMF/AO, "There was no ill intent and I would never hurt my son".</p> <p>SMF grabbed sons arm forcible leaving a red mark.</p> <p>(k)(2), (b) (6), (b) (7)(C)</p>
Offender [Ford, Jacob]:	
Non-offending Parent (k)(2), (b) (6), (b) (7)(C):	(k)(2), (b) (6), (b) (7)(C)

**B. IMPACT: (significant impact involving any of the following):****B1. More than inconsequential physical injury:**

Victim [Ford Blanco, James]:	<p>The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.</p> <p>The client reported he did not notice any redness.</p> <p>Level of force used to grab arm-3 "He was slimy and covered in</p>
Offender [Ford, Jacob]:	<p>crap".</p>

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**B2. Reasonable potential for more than inconsequential physical injury:**

Victim [Ford Blanco, James]: The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.

Offender [Ford, Jacob]: AO " There was no medical intervention, no injuries noted".

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**B3. More than inconsequential fear reaction:**

Victim [Ford Blanco, James]: The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.

Offender [Ford, Jacob]: AO, "When I came out of my shower I didn't not see him crying"

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**EXCLUSIONS:** Act committed to protect caregiver from imminent physical harm (all 3 of the following must be met):

**1a. Act occurred while child was in the act of using physical force:**

Victim [Ford Blanco, James]: The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.

Offender [Ford, Jacob]: This act is not apart of case.

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**1b. The sole purpose of the act was to stop child from using physical force:**

Victim [Ford Blanco, James]: The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.

Offender [Ford, Jacob]: This act is not part of case.

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**1c. Use of force was minimally sufficient to stop child's physical force:**

Victim [Ford Blanco, James]: The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.

Offender [Ford, Jacob]: This act is not part of case.

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**2. Act committed during age appropriate physical play:**

Victim [Ford Blanco, James]: The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.

Offender [Ford, Jacob]: This act is not part of play.

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**3. Act committed to protect child/person from imminent physical harm:**

Victim [Ford Blanco, James]: The child is a two year old infant and parents declined due to being too young for interview. CPS screened out the allegation.

AO/SMF: "I grabbed his arm to prevent him from falling in the shower. He was slippery covered in poop and was moving spreading more poop on himself, so I had to grab him to keep him safe and still clean up the mess".

Offender [Ford, Jacob]: "My wife grabbed him after I cleaned him".

Non-offending Parent

(k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**Additional Information:**

CPS screened out the allegation.

**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/10/2022

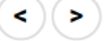


## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Command Contact Note

Case Number: 456102



Clinical Provider: (k)(2), (b) (6)

Contact Date: 10/20/2022

Time Spent: 0 Hours 30 Mins

Type of Contact: Email

## CONTACT

Contact Name: (k)(2), (b) (6)

Command: ANAC NSF Thurmont

Contact Related to

Deployment: 

Summary of Contact: CM provided command case update and IDC date for November. No safety concerns. The SMH is providing financial support to FMW.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

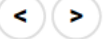
Date of Signature: 10/20/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Child Abuse Risk Assessment

Case Number: 456102



Date\*: 10/20/2022

The risk assessment form is a tool to develop a treatment plan for the family. Information gathered from the safety assessment, interviews with all family members and collateral contacts (medical, law enforcement, mental health, etc.) will be included to help guide your clinical consideration for each risk indicator. Current and historical family functioning should be considered.

## RISK INDICATORS

Indicator	Low Marker Criteria	Rating	High Marker Criteria
1. Frequency of maltreatment	None.	Med	High. Increase in frequency, severity and type of abuse.
Rationale*: (k)(2), (b) (6), (b) (7)(C)			
2. Parental perception of child	Accurate perception of child's behavior/temperament.	Low	Inaccurately perceives child's behavior as problematic, difficult, oppositional, etc.
3. Locus of control (AO)	Assumes appropriate responsibility.	Insufficient Info/Unknown	Blames victim or others. Denies, minimizes, rationalizes.
Rationale*: (k)(2), (b) (6), (b) (7)(C)			
4. Physical, emotional, mental impairment (AO)	(AO) No current symptoms or conditions.	Low	Significant impairment due to untreated or unmanaged physical/mental health condition or trauma, including that experienced during military service.
5. Physical, emotional, mental impairment (NOC)	(NOC) No current symptoms or conditions.	Low	Significant impairment due to untreated or unmanaged physical/mental health condition or trauma, including that experienced during military service.
6. Knowledge/skills of child rearing practices (AO)	Understands and utilizes age.	Low	Significant deficits in understanding and/or utilizing age appropriate practices.
7. Substance abuse (AO)	None.	Low	Impaired/addictive.
8. Impulsivity	Appropriately controlled.	Low	Very impulsive. Hyper-reactive.
9. History of abusive behavior (AO)	No reported history of abusive behaviors.	Low	Prior abusive/neglectful behavior toward adults, children and/or pets.
10. Motivation of change (AO)	Cooperative and appears sincere. Willing to participate in treatment/intervention.	Low	Uncooperative, resistant and/or manipulative.
11. History of victimization (AO)	None (AO).	Low	Severe/ unresolved childhood victimization issues.
12. History of victimization (AV)	None (AV).	Low	Severe/ unresolved childhood victimization issues.

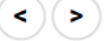
Indicator	Low Marker Criteria	Rating	High Marker Criteria
<b>13. Protection of child (NOC)</b>	NOC is protective, supportive and cooperative with intervention & recommendations.	Low	Fails to protect or believe child. Resistant toward interventions and recommendations.
<b>14. Characteristics of the child</b>	No special needs or behavioral/developmental issues identified. Adequate family and/or community support exists to address identified needs.	Low	Requires 24 hour attention. No organized support. Untreated or undiagnosed issues. Inadequate family and/or community support.
<b>15. Significant family stressors</b>	Few stressors reported. Financial stability. Strong caretaker coping skills.	Med	Events or situations that adversely affect family functioning, including unwanted pregnancy, custody/visitation disputes, indebtedness; etc.
<b>Rationale*:</b> <div style="border: 1px solid black; padding: 5px;"> <p>The couple are in process of divorce and experiencing financial stressors.</p> </div>			
<b>16. Access to social support services</b>	Friends (more than two); extended family. Involvement in religious or social organizations; etc.	Low	Isolated. No friends or visitors. Does not utilize available support services.
<b>17. Family strengths</b>	Multiple.	Low	Few.
<b>SIGNATURES</b>			
Signature of Provider: <u>(k)(2), (b) (6)</u>		Date of Signature: <u>10/20/2022</u>	

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 456102



Clinical Provider: (k)(2), (b) (6)

Contact Date: 10/17/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Contact Name: CPS-240-448-4568

Collateral Contact: Child Protective Services

Type of Contact: Phone

Summary of Contact: CM called to follow up to inquire if CPS will take the case and they reported it was "screened out".

Contact Related to

Deployment: ☐

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 10/17/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Safety and Lethality Assessment

Case Number: 456102



In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

## ASSESSMENT QUESTIONS

1. Dangerous Acts:\*

Yes

Date: 9/23/2022

Rationale\*:

(k)(2), (b) (6), (b) (7)(C)

2. Impact:\*

Unknown

3. Imminent Risk of Harm:\*

No

4. Threats of Harm:\*

No

5. Weapons:\*

No

6. Pattern of Abusive Behavior:\*

No

7. Increase in Frequency and Severity:\*

No

8. Forced Sex:\*

No

9. Strangulation:\*

No

10. Jealousy, possessiveness, and/or obsession including stalking:\*

No

11. Use of Drugs or Alcohol:\*

No

12. Victim Vulnerability:\*

Yes

Date: 9/23/2022

Rationale\*:

The infant is one year.

13. Failure to Meet Basic Needs:\*

No

14. Fear of Caretaker/Partner Expressed:\*

Yes

Date: 9/23/2022

Rationale\*:

(k)(2), (b) (6), (b) (7)(C)

15. Non-Protective or Uncooperative Non-Offending Caretaker:\* No

16. Central Registry Report:\* No

17. Note any additional factors judged to be of importance with regard to immediate safety:

Date: 9/23/2022

Central registry check completed no negative marks  
The FMM no longer lives with SMF, (k)(2), (b) (6), (b) (7)(C)

SAFETY ACTIONS TAKEN

SIGNATURES

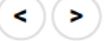
Signature of Provider: (k)(2), (b) (6) | Date of Signature: 9/23/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Incident Report

Case Number: 456102



Date Reported\*: 9/23/2022

Date Incident Occurred\*: 9/23/2022

Time Spent: 1 Hours 0 Mins

Reported By: Spouse

Phone # of Reporter:

Organization of Reporter\*: Self

Reported Type: New Incident

## DESCRIPTION OF INCIDENT

Describe the Reported Act and any Known Impact:

AO- Jacob Ford SMF

NOC- (k)(2), (b) (6), (b) (7)(C)

AV- James Blanco Ford child age 1

No alcohol or weapons were involved.

Child abuse physical

(k)(2), (b) (6), (b) (7)(C)

Type of Contact: Other

Type of Alleged Victim: Child

Privacy Act Explained: Yes

Mandatory Reporting  
Requirement Explained: YesVictim Reporting Options  
Explained and  
Understood: YesType of Abuse Alleged at  
Intake\*:

Emotional No

Neglect No

Physical Yes

Sexual No

---

**ELIGIBILITY DECISION**

---

Is either alleged victim or offender a military beneficiary? ☒ YesCase Status Decision: ☐ Continue ☒ AssessmentIs there a reasonable suspicion of child abuse, domestic abuse or imminent risk of harm? ☒ Yes**Information and Referral Actions Taken:**

CM called CPS and spoke with (k)(2), (b) (6) and she took the information to provide to her supervisor and will follow up about determination.

The FMM is no longer living with SMF because she left to live with her family in Texas, so no safety concerns.

---

**SIGNATURES**

---

Signature of Provider: (k)(2), (b) (6) \_\_\_\_\_

Date of Signature: 10/7/2022

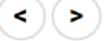


## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 456102



Clinical Provider: (k)(2), (b) (6)

Contact Date: 9/23/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Contact Name: NCIS (k)(2), (b) (6)

Collateral Contact: NCIS

Type of Contact: In Person

Summary of Contact: CM emailed NCIS supervisor about the case allegations to see if it meets NCIS threshold for investigation. CM to follow up.

Contact Related to

Deployment: No

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

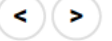
Date of Signature: 9/23/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Command Contact Note

Case Number: 456102



Clinical Provider: (k)(2), (b) (6)

Contact Date: 9/23/2022

Time Spent: 0 Hours 30 Mins

Type of Contact: Phone

## CONTACT

Contact Name: LTCDR (k)(2), (b) (6)

Command: ANAC NSF Thurmont

Contact Related to

Deployment: No

Summary of Contact: CM spoke with FAP POC Lt commande (k)(2), (b) (6) about the FAP child abuse allegation. CM reported no safety issues as the FMW lives in another state and is separated from the SMF. He reported he has his IDC certification valid.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

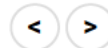
Date of Signature: 9/23/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 456102



Clinical Provider: (k)(2), (b) (6)

Contact Date: 9/23/2022

Time Spent: 0 Hours 15 Mins

## CONTACT

Contact Name: Chief (k)(2), (b) (6)

Collateral Contact: Base Security

Type of Contact: In Person

Summary of Contact: CM emailed chief (k)(2), (b) (6) about the alleged incident.

Contact Related to

Deployment: No

Type of Deployment: --

Members Deployment Status at Time of Contact: --

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## Relevant Safety Information:

Contact Date: 9/23/2022

Provider Name: (k)(2), (b) (6)

Action Taken\*: ☐POC\*: ☐

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

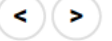
Date of Signature: 9/23/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Command Contact Note

Case Number: 456102



Clinical Provider: (k)(2), (b) (6)

Contact Date: 9/23/2022

Time Spent: 0 Hours 15 Mins

Type of Contact: Email

## CONTACT

Contact Name: CBCM (k)(2), (b) (6)

Command: ANAC NSF Thurmont

Contact Related to

Deployment: No

Summary of Contact: CM notified the command about an allegation via email and to call so we can case consult.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

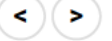
Date of Signature: 9/23/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 456102



Clinical Provider: (k)(2), (b) (6)

Contact Date: 9/22/2022

Time Spent: 0 Hours 15 Mins

## CONTACT

Contact Name: CPS-240-448-4568

Collateral Contact: Child Protective Services

Type of Contact: Phone

Summary of Contact: CM called CPS to report allegations spoke with (k)(2), (b) (6) who took the report and she said she will send to her supervisor to determine the outcome. Social worker said she would call CM back to inform of outcome.

Contact Related to

Deployment: No

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 9/23/2022

Administrative Note

Case Number: 456102



Provider's Name: (k)(2), (b) (6)

Date: 9/22/2022

Administration: Not Applicable

Attempted Contact: No

CM spoke with FFSC counselor who reported (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C) Counselor will be

Administrative Note: calling CPS to report.

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 9/22/2022



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**DD FORM 2923, MAR 2009**

**Case:** 456102

**Client:** Ford, Jacob

**Printing the following forms:**

**Disclosure Accounting**

**Administrative Note**

**FAP Client Contact Note**

**Incident Assessment**

**Printed On:** 12/29/2022

**The following non-native documents should be printed individually:**

**IDC determination letter**

**Privacy act, FAP information sheet, statement of rights**

**IDC notification letter**

RECORD OF DISCLOSURE

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM  
THIS RECORD COULD SUBJECT THE DISCLOSER TO CRIMINAL PENALTIES

1. This is to remain a permanent part of the record described below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, except:

1. Disclosure to DoD or DoN personnel having a need to know in the performance of their official duties.

2. Disclosure of items listed in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.5 series.

Title and Description of Record:

ID	Date Of Disclosure*	Method Of Disclosure*	Purpose Or Authority*	Name & Address Of Person Or Agency To Whom Disclosed*
7250985	9/22/2022	Phone	CPS reporting	Mary Jo Barhart- 240-448-4568
7250987	10/17/2022	Phone	CPS follow up	Mary Jo Barhart- 240-448-4568



Administrative Note

Case Number: 456102      Client Name: Ford, Jacob



Provider's Name: (k)(2), (b) (6)

Date: 11/7/2022

Administration: --

Attempted Contact: ☐

IDC notification letter was uploaded and sent to command in this day.

SIGNATURES

Signature of Provider: (k)(2), (b) (6) | Date of Signature: 11/7/2022

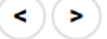
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 456102

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 10/7/2022

Time Spent: 1 Hours 0 Mins

## CONTACT

Type of Contact: In Person

Contact Related to

Deployment: No

Type of Deployment: --

Member's Deployment Status at Time of Contact: --

Summary of Contact: CM interviewed AO for Incident assessment on this day.

CM complete the initial FAP assessment. Clients' Rights and Responsibilities, the Privacy Act Statement, Limits of Confidentiality and mandated reporting requirements were explained to client, who verbally acknowledged her understanding and signed the required documents. The Privacy Act Statement contains identification for the Personnel Reliability Program (PRP). PRP status marked as "NO." The Family Advocacy Process, Mandated Reporting, Limits of Confidentiality, and reasons for potential treatment failures, were reviewed and discussed with the client by this writer, and client acknowledged her understanding verbally and by signing the appropriate forms prior to disclosing details of the alleged incident.

Aftercare treatment planning and options were discussed with client.

AO- CM Provided information and resources to counseling services at FFSC, Chaplain, and Military source one to address stressors related to incident. The client is receiving counseling by clinician (k)(2), (b) (6)

Safety Issues: AO reported no substance abuse, mental health disorders, reported presently or in the past. Client reported No suicidal/homicidal issues. The client reported no weapons were involved in the incident. The client reported no safety concerns.

The client shared stressors related to divorce process with spouse and custody arrangements along with move out of family house on base, financial payments.

CONTACTS SEEN

Uniform Service Members:	<input type="text" value="1"/>	Family Members:	<input type="text" value="0"/>	Non-Beneficiaries:	<input type="text" value="0"/>
Federal Civil Servants:	<input type="text" value="0"/>	Civilians:	<input type="text" value="0"/>	Total Contacts Seen:	<input type="text" value="1"/>

SAFETY ACTIONS TAKEN

Safety Actions Taken:

Relevant Safety Information:

Contact Date:

Provider Name:

Action Taken\*:

POC\*:

SIGNATURES

Signature of Provider:	<input type="text" value="(k)(2), (b) (6)"/>	Date of Signature:	<input type="text" value="10/20/2022"/>
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APPENDAGE NOTES

Number	Appendage Note	Provider's Name	Date
1	<input type="text" value="Note pended late due to work load."/>	<input type="text" value="(k)(2), (b) (6)"/>	10/20/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Incident Assessment

Case Number: 456102

Client Name: Ford, Jacob



## CONTACT

Date\*: 10/7/2022

Time Spent: 1 Hours 0 Mins

Type of contact: In Person

Is this individual on active duty? Yes

Deployment status: Not Deployed

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## QUESTIONS

Privacy act explained? Yes

Mandatory reporting requirement explained? Yes

Client rights and responsibilities explained? Yes

Client questions? No

Client consent to participate? Yes

Was the FAP process explained? Yes

## ALLEGATIONS

## Allegation #1: Child Physical Abuse

Role in Allegation: Offender

Roles defined on other Incident Assessment forms:

- Ford Blanco, James identified as Victim on form 7207906 (Committed)
  - (b)(2), (b)(6), (b)(7)(C) identified as Non-offending Parent on form 7189166 (Committed)
- Note: Requirement of single Victim and Offender roles is satisfied for this Allegation.

## A. ACT: (non-accidental use of physical force on the part of a child's caregiver):

Per SMF/AO: "I was in the shower and my wife came in with my son who was covered in poop and she put him in the shower with me, I was trying to control him from slipping and moving while cleaning him off. "I was holding his arm"

Per SMF/AO, "There was no ill intent and I would never hurt my son".

## B. IMPACT: (significant impact involving any of the following):

## B1. More than inconsequential physical injury:

The client reported he did not notice any redness.

Level of force used to grab arm-3 "He was slimy and covered in crap".

## B2. Reasonable potential for more than inconsequential physical injury:

AO " There was no medical intervention, no injuries noted".

## B3. More than inconsequential fear reaction:

AO, "When I came out of my shower I didn't not see him crying"

**EXCLUSIONS:** Act committed to protect caregiver from imminent physical harm (all 3 of the following must be met):

1a. Act occurred while child was in the act of using physical force:

This act is not apart of case.

1b. The sole purpose of the act was to stop child from using physical force:

This act is not part of case.

1c. Use of force was minimally sufficient to stop child's physical force:

This act is not part of case.

2. Act committed during age appropriate physical play:

This act is not part of play.

3. Act committed to protect child/person from imminent physical harm:

AO/SMF: "I grabbed his arm to prevent him from falling in the shower. He was slippery covered in poop and was moving spreading more poop on himself, so I had to grab him to keep him safe and still clean up the mess".

"My wife grabbed him after I cleaned him".

---

## RISK ASSESSMENT INTERVIEW

---

1. Frequency of maltreatment:

AO I never treat him bad, he takes his diaper off frequently and run naked so He gets in messes.

2. Parental perception of child:

Per AO, my son likes to be free and run around. If son is not wear clothes he will take off diapers.

3. Locus of control (AO):

Per AO doesn't blame child because he is a child and doesn't know any better.

4. Physical, emotional, mental impairment (AO):

Denied

5. Physical, emotional, mental impairment (NOC):

Per AO, she is jealous and being spiteful. FMM on one occasion drank during breastfeeding and she came from a family of alcoholics. She party and I took care of kids.

6. Knowledge/skills of child rearing practices (AO):

Per AO he reports he has learned a lot of raising his child. He reports his knowledge as an 8.

7. Substance abuse (AO):

Denied

8. Impulsivity:

Denied.

9. History of abusive behavior (AO):

AO has a FAP allegation for emotional abuse by spouse.

10. Motivation of change (AO):

The client reported he is currently going through divorce process and they live apart.

**11. History of victimization (AO):**

Per AO he grew up in a military family and has discipline within himself.

**12. History of victimization (AV):**

Denied

**13. Protection of child (NOC):**

Per AO he reports his spouse means well to protect his son.

**14. Characteristics of the child:**

The client reported he is a loving and easy going boy.

**15. Significant family stressors:**

The client reported problems in his marriage and financial struggles.

**16. Access to social support services:**

The client reported his son has access to support services.

**17. Family strengths:**

The client reported he has a strong support system and he loves his son.

---

**Biopsychosocial information:**

The SMF said is a 23 year old SM/Navy 0-3 BU works at camp David married to 24 FMW they have a child 2 years old and she is pregnant with his second child. They are separated and [REDACTED]. The couple are in process of divorce.

---

**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/10/2022

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**DD FORM 2923, MAR 2009**

**Case:** 459430

**Printing the following forms:**

**Administrative Note**

**IDC Presentation**

**FAP Incident Report**

**IPPI Risk Assessment Tool**

**Command Contact Note**

**IPPI Risk Assessment Tool**

**Domestic Abuse Risk Assessment**

**Collateral Contact Note**

**Command Contact Note**

**Safety and Lethality Assessment**

**Administrative Note**

**Collateral Contact Note**

**Collateral Contact Note**

**Command Contact Note**

**Printed On:** 12/29/2022

**The following non-native documents should be printed individually:**

**None**

Administrative Note

Case Number: 459430



Provider's Name: (k)(2), (b) (6)

Date: 12/19/2022

Administration: Not Applicable

Attempted Contact: No

Fapss completed on case and the scale determined a mild score

Administrative Note: #138475

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/19/2022

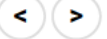


## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## IDC Presentation

Case Number: 459430



Referred By: Mr. Ford

Assigned By/ Case Manager: (k)(2), (b) (6)

Type of Allegation: Domestic Abuse (DA)

Date Reported: 11/16/2022

## SUMMARY OF INCIDENT

Allegation #1: Spouse or Intimate Partner Physical Abuse

## A. ACT: (non-accidental use of physical force):

FMW physically scratched and punched SMH.

Per SM/AV: "We were arguing in bed and she got mad at me. She started punching me in the stomach and scratched my arm and face and basically she was doing that for 20 seconds, I proceeded to hold her down, so she could stop; then she bit me on my arm". "I called the police to report this".

(Photos provided by SM to CM of scratches, bite mark and redness to face).

Backstory: The argument was about her father being drunk and he was beating doors in the house while my wife, son, and I were sleeping. I heard my mother in law screaming so this woke up the baby. I was upset because I had to work in the morning the time was 1:15 AM . My wife left the room to talk with her friend/roommate in another room and I went to the room to talk to wife. I inquired if my wife was going to stop or say something to her father, so I spoke with father to tell him to stop making noise and screaming, then my wife came back to our room yelling at me telling me I was disrespecting her and she became physical and

Victim [Ford, Jacob]: attacked me.

(k)(2), (b) (6), (b) (7)(C)

Offender (k)(2), (b) (6), (b) (7)(C):

**B. IMPACT: (significant impact involving any of the following):**

**B1. Any physical injury:**

Per SM/AV: "I showed you pictures of the scratch on my neck and bit mark along with the police report". "The injuries to my neck, nose, and bite drew blood".

Victim [Ford, Jacob]: Level force was 5/6.

(k)(2), (b) (6), (b) (7)(C)

Offender (k)(2), (b) (6), (b) (7)(C):

**B2. Reasonable potential for more than inconsequential physical injury:**

Victim [Ford, Jacob]: denied

Offender (k)(2), (b) (6), (b) (7)(C) (k)(2), (b) (6), (b) (7)(C)

**B3. More than inconsequential fear reaction:**

Victim [Ford, Jacob]: denied

(k)(2), (b) (6), (b) (7)(C)

Offender (k)(2), (b) (6), (b) (7)(C):

**EXCLUSIONS: An act committed to protect the alleged abuses from imminent physical harm from the spouse or intimate partner who was in the act of using physical force (all three of the following must be met):**

**1a. The act occurred while the spouse or intimate partner was in the act of using physical force:**

Victim [Ford, Jacob]: n/a

Offender (k)(2), (b) (6), (b) (7)(C) (k)(2), (b) (6), (b) (7)(C)

**1b. The sole purpose of the act was to stop spouse or intimate partner from using physical force:**

Per SM/AV: "I held her down because I was getting hit and then she bit me".

Victim [Ford, Jacob]:

Offender (k)(2), (b) (6), (b) (7)(C)

**1c. Use of force was minimally sufficient to stop the spouse or intimate partner's use of physical force:**

Victim [Ford, Jacob]:

n/a

Offender (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

**Allegation #2: Spouse or Intimate Partner Emotional Abuse**

**A. ACT:** (non-accidental act, acts or threat, excluding physical or sexual abuse or threat, adversely affecting the victim's psychological well being):

(k)(2), (b) (6), (b) (7)(C)

Victim (k)(2), (b) (6), (b) (7)(C):

Per SMM, "I went to the all the hospitals in the area because my wife did not let me know which hospital my daughter was born; I needed to get her records in order to provide proof of birth for my paternity leave and Deers".

"I requested my daughters records from the hospital and they gave it to me as I am the father".

"My wife invited me to go with her to Deers, so I met her there, when there, she asked me what was in the folder so I showed her. I told her I obtained medical records and I was disappointed she didn't invite me to the birth of my daughter, she gets sad and starts crying, I ignored it looked away, I minded my business and people told me to comfort her, I told them I am going through a divorce I rather not".

Offender [Ford, Jacob]:

**B. IMPACT:** (significant psychological harm including any of the following):

**B1. More than inconsequential fear reaction:**

Victim (k)(2), (b) (6), (b) (7)(C):

(k)(2), (b) (6), (b) (7)(C)

Offender [Ford, Jacob]:

denied

**B2. Significant psychological distress:**

Victim [(k)(2), (b) (6), (b) (7)(C)]:

**(k)(2), (b) (6), (b) (7)(C)**Offender [Ford, Jacob]: **denied****B3. Fear affecting ability to carry out any of the 5 life activities:****B3a. Employment:**

Victim [(k)(2), (b) (6), (b) (7)(C)]:

**(k)(2), (b) (6), (b) (7)(C)**Offender [Ford, Jacob]: **denied****B3b. Education:**

Victim [(k)(2), (b) (6), (b) (7)(C)]:

**(k)(2), (b) (6), (b) (7)(C)**Offender [Ford, Jacob]: **denied****B3c. Religious Faith:**

Victim [(k)(2), (b) (6), (b) (7)(C)]:

**(k)(2), (b) (6), (b) (7)(C)**Offender [Ford, Jacob]: **denied****B3d. Medical Services:**

Victim [(k)(2), (b) (6), (b) (7)(C)]:

**(k)(2), (b) (6), (b) (7)(C)**Offender [Ford, Jacob]: **denied****B3e. Mental Health Services:**

Victim [(k)(2), (b) (6), (b) (7)(C)]:

**(k)(2), (b) (6), (b) (7)(C)**Offender [Ford, Jacob]: **denied****B4. Stress-related somatic symptoms:**

Victim [(k)(2), (b) (6), (b) (7)(C)]:

**(k)(2), (b) (6), (b) (7)(C)**Offender [Ford, Jacob]: **denied**

---

**Additional Information:**

Date of Report: March 2020 before the sailor entered the Navy

Referral Source: IDC determined case to reheard as the FMW as the AO.

Demographics: The couple 23 year old Navy male married to 24 year old female wife, they have two children. 2 yr old, and a newborn.

CPS Involvement: no

Credibility: The AO provided a statement and he regularly checks in for case management. The AV changed all her contact information and contacted the FAP CM once and had not followed up with consent forms to participate in FAP interview and victim advocate services.

History: The SM central registry came back cleared no prior incidents.

Substance Abuse: SM denied any alcohol abuse.

Police: (k)(2), (b) (6), (b) (7)(C)

(k)(2), (b) (6), (b) (7)(C)

NCIS or OSI Involvement: none

---

#### SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/14/2022

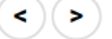
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## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Incident Report

Case Number: 459430



Date Reported\*: 11/16/2022

Date Incident Occurred\*: 12/14/2022

Time Spent: 0 Hours 30 Mins

Reported By: Mr. Ford

Phone # of Reporter:

Organization of Reporter\*: Self

Reported Type: Subsequent Incident

## DESCRIPTION OF INCIDENT

Describe the Reported Act and any Known Impact:

AO- FMW

AV- SMH

This case manager was informed by Supervisor (k)(2), (b) (6) to open a FAP physical DV case with the AO being the FMW due to the previous IDC on 11/17/2022 determining the case needed to be re-heard with the FMW as the AO.

(k)(2), (b) (6), (b) (7)(C)

Type of Contact: Other

Type of Alleged Victim: Spouse/Intimate Partner

Privacy Act Explained: Yes

Mandatory Reporting  
Requirement Explained: YesVictim Reporting Options  
Explained and  
Understood: --Type of Abuse Alleged at  
Intake\*:

Emotional No

Neglect No

Physical Yes

Sexual No

## ELIGIBILITY DECISION

Is either alleged victim or offender a military beneficiary? Yes

Case Status Decision: Continue Assessment

Is there a reasonable suspicion of child abuse, domestic abuse or imminent risk of harm? No

Information and Referral Actions Taken:

The SMH has been linked to a victim advocate.

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/14/2022

APPENDAGE NOTES

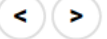
Number	Appendage Note	Provider's Name	Date
1	Note pended late due to clinical oversight	(k)(2), (b) (6)	12/14/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Intimate Partner Physical Injury Risk Assessment Tool

Case Number: 459430

**Initial Assessment only, not for Follow-up Assessments***This tool is designed to supplement, not replace the risk assessment protocol used by each branch of service.**Tool to be completed by the clinician after completing the Risk Assessment.**The tool is not to be completed by clients!*

In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

Alleged Offender: (k)(2), (b) (6), (b) (7)(C)

Victim: Ford, Jacob

**OFFENDER**

1. Caused minor injury(not requiring medical care) in incident: Yes

Notes:

The SMH reported redness and scratches in the incident

2. Ever choked or strangled partner: Unknown

Notes:

(k)(2), (b) (6), (b) (7)(C)

3. Denies incident occurred: No

Notes:

4. Increased frequency or severity of violence toward partner: No

Notes:

5. Blames others for incident: No

Notes:

6. Attempts to control partner's access to friends/family/resources: No

Notes:

7. Physically aggressive toward partner prior to incident: No

Notes:

8. Feels desperate about relationship: No

Notes:

9. Emotionally abusive towards partner: No

Notes:

10. Ever used or threatened to use weapons against partner: No

Notes:

11. Expresses ideas or opinions that justify violence towards partner: No

Notes:

12. Holds unrealistic expectations of partner: No

Notes:

**VICTIM**

13. Dissatisfied with military lifestyle: No

Notes:



☐14. Attempting to leave relationship: ☐ No

Notes:

☐15. Fears for self or children or pets: ☐ No

Notes:

☐Total Score: 

(Number of Items Marked 'Yes')

Level of Risk: **WHO WAS INTERVIEWED?**

If both partners are alleged offenders, complete this form again (one per each offender).

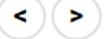
Alleged Offender: ☐ YesVictim: ☐ NoNotes: Child(ren) in Home: ☐ Yes**SELECT ADDITIONAL SOURCES OF INFORMATION USED TO COMPLETE THIS FORM:**Command ☐ YesCPS ☐ NoFriend/Neighbor ☐ NoLaw Enforcement ☐ NoMedical Personnel ☐ NoWitness ☐ NoOther ☐ No**SIGNATURES**Signature of Provider: (k)(2), (b) (6)Date of Signature: 12/14/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Command Contact Note

Case Number: 459430



Clinical Provider: (k)(2), (b) (6)

Contact Date: 12/8/2022

Time Spent: 0 Hours 30 Mins

Type of Contact: Phone

## CONTACT

Contact Name: CMC (k)(2), (b) (6)

Command: ANAC NSF Thurmont

Contact Related to

Deployment: No

CM spoke with CMC (k)(2), (b) (6) Discussed IDC and case updates. Consulted regarding FMW calling CM about housing as she reported she was ordered to return to Maryland with kids in 20 days and the couple are still married although in the court process for divorce and custody and have no house established. The CMC said he would be speaking with sailor SMF about reestablishing BAH or assisting sailor with his family plan.

Summary of Contact:

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

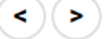
Date of Signature: 12/9/2022

## PRIVACY ACT

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## Intimate Partner Physical Injury Risk Assessment Tool

Case Number: 459430

**Initial Assessment only, not for Follow-up Assessments***This tool is designed to supplement, not replace the risk assessment protocol used by each branch of service.**Tool to be completed by the clinician after completing the Risk Assessment.**The tool is not to be completed by clients!*

In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

Alleged Offender: (k)(2), (b) (6), (b) (7)(C)

Victim: Ford, Jacob

**OFFENDER**

- |  |         |                         |
|--|---------|-------------------------|
| 1. Caused minor injury(not requiring medical care) in incident:        | Yes     | Notes:                  |
|  |         | red marks and scratches |
| 2. Ever choked or strangled partner:                                   | No      | Notes:                  |
|  |         |                         |
| 3. Denies incident occurred:   | No      | Notes:                  |
|  |         |                         |
| 4. Increased frequency or severity of violence toward partner:         | Unknown | Notes:                  |
|  |         |                         |
| 5. Blames others for incident:   | No      | Notes:                  |
|  |         |                         |
| 6. Attempts to control partner's access to friends/family/resources:   | No      | Notes:                  |
|  |         |                         |
| 7. Physically aggressive toward partner prior to incident:             | No      | Notes:                  |
|  |         |                         |
| 8. Feels desperate about relationship:                                 | No      | Notes:                  |
|  |         |                         |
| 9. Emotionally abusive towards partner:                                | No      | Notes:                  |
|  |         |                         |
| 10. Ever used or threatened to use weapons against partner:            | No      | Notes:                  |
|  |         |                         |
| 11. Expresses ideas or opinions that justify violence towards partner: | No      | Notes:                  |
|  |         |                         |
| 12. Holds unrealistic expectations of partner:                         | No      | Notes:                  |
|  |         |                         |

**VICTIM**

- |   |    |        |
|---|----|--------|
| 13. Dissatisfied with military lifestyle: | No | Notes: |
|   |    |        |
| 14. Attempting to leave relationship:     | No | Notes: |
|   |    |        |

15. Fears for self or children or pets: 

Notes:

Total Score: 

(Number of Items Marked 'Yes')

Level of Risk: **WHO WAS INTERVIEWED?**

If both partners are alleged offenders, complete this form again (one per each offender).

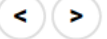
Alleged Offender: Victim: Child(ren) in Home: Notes: **SELECT ADDITIONAL SOURCES OF INFORMATION USED TO COMPLETE THIS FORM:**Command CPS Friend/Neighbor Law Enforcement Medical Personnel Witness Other **SIGNATURES**Signature of Provider: Date of Signature:

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Domestic Abuse Risk Assessment

Case Number: 459430



Date\*: 12/5/2022

The risk assessment form is a tool to develop a treatment plan for the family. Information gathered from the safety assessment, interviews with all family members and collateral contacts (medical, law enforcement, mental health, etc.) will be included to help guide your clinical consideration for each risk indicator. Current and historical family functioning should be considered.

## RISK INDICATORS

Indicator	Low Marker Criteria	Rating	High Marker Criteria
1. Frequency of abuse	None or isolated incident.	Med	2-3 incidents within a recent time period.
Rationale*: The couple has had previous FAP case with police intervention for verbal arguments.			
2. Intimidation & control issues (AO)	Decisions are shared. Does not limit access to friends, family, money, etc.	Med	Maintains control by abuse or limiting access to family, friends, money, and transportation.
Rationale*: (k)(2), (b) (6), (b) (7)(C)			
3. Beliefs supporting relationship violence (AO)	Few.	Insufficient Info/Unknown	Multiple. Justifies correctness of action. Rationalizes behavior.
Rationale*: The AO denied any beliefs			
4. Locus of control (AO)	Assumes appropriate responsibility.	Insufficient Info/Unknown	Blames victim or others. Denies, minimizes, rationalizes.
Rationale*: The AO blames her spouse			
5. Significant relationship stressors (AO)	None reported (AO).	Med	Infidelity or perceived infidelity, significant ongoing relationship conflict. Fear of relationship failure/abandonment. Jealousy.
Rationale*: The couple have two children under age 2			
6. Significant relationship stressors (AV)	None reported (AV).	Insufficient Info/Unknown	Infidelity or perceived infidelity, significant ongoing relationship conflict. Fear of relationship failure/abandonment. Jealousy.
Rationale*: The couple have financial stressors.			
7. Motivation to change (AO)	Cooperative and appears sincere. Willing to participate in treatment.	Low	Uncooperative, resistant and/or manipulative.
8. Physical, emotional, mental impairment (AO)	(AO) No current symptoms or conditions.	Low	Significant impairment due to untreated or unmanaged physical/mental health condition or trauma, including that experienced during military service.

Indicator	Low Marker Criteria	Rating	High Marker Criteria
9. Physical, emotional, mental impairment (AV)	(AV) No current symptoms or conditions.	Low	Significant impairment due to untreated or unmanaged physical/mental health condition or trauma, including that experienced during military service.
10. Substance abuse (AO)	None.	Low	Impaired/addictive.
11. History of abusive behavior (AO)	No reported history of abusive/assaultive behaviors.	Low	History of civilian or military criminal behavior. Prior abusive/assaultive behavior toward adults, children and/or pets. Violation of court orders; etc.
12. History of victimization (AO)	None (AO).	Low	Childhood abuse, abuse by prior partner or violent crime victimization, etc.
13. History of victimization (AV)	None (AV).	Low	Childhood abuse, abuse by prior partner or violent crime victimization, etc.
14. Significant family stressors	Few stressors reported. Financial stability.	Med	Events or situations that adversely affect family functioning, including unwanted pregnancy, custody/visitation disputes, indebtedness; etc.
<b>Rationale*:</b> <div>The couple have two young children under two and financial problems.</div>			
15. Access to social support/services	Friends (more than two); extended family. Involvement in religious or social organizations; etc.	Low	Isolated. No friends or visitors. Does not utilize available support services.
16. Family strengths	Multiple.	Low	Few.

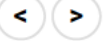
**SIGNATURES**Signature of Provider: (k)(2), (b) (6)Date of Signature: 12/5/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 459430



Clinical Provider: (k)(2), (b) (6)

Contact Date: 12/5/2022

Time Spent: 0 Hours 15 Mins

## CONTACT

Contact Name: Central Registry

Collateral Contact: Other Service FAP

Type of Contact: Email

Summary of Contact: The couple have no negative marks for their background check.

Contact Related to

Deployment: ☐

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

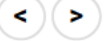
Date of Signature: 12/5/2022

## PRIVACY ACT

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## Command Contact Note

Case Number: 459430



Clinical Provider: (k)(2), (b) (6)

Contact Date: 12/5/2022

Time Spent: 0 Hours 15 Mins

Type of Contact: Email

## CONTACT

Contact Name: CDR (k)(2), (b) (6)

Command: ANAC NSF Thurmont

Contact Related to

Deployment: No

Summary of Contact: CM confirmed the command will be present for the IDC Dec. 15th, certificate is up to date.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/5/2022

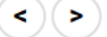


## PRIVACY ACT

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## Safety and Lethality Assessment

Case Number: 459430



In cases where there is a threat of imminent harm to the victim and the Restricted Reporting option cannot be offered, review DoDI 6400.06/Encl-3 and OPNAV 1752.2b/Encl-4 Directives.

## ASSESSMENT QUESTIONS

1. Dangerous Acts:\*

Yes

Date: 11/21/2022

## Rationale\*:

The allegation per SMH was FMW scratched and and punched SMH. This occurred one year ago and a police report was provided that remarked the incident.

2. Impact:\*

Yes

Date: 11/21/2022

## Rationale\*:

The SMH reported scratches to neck and red marks to his face and a bite mark on his arm.

3. Imminent Risk of Harm:\*

No

4. Threats of Harm:\*

No

5. Weapons:\*

No

6. Pattern of Abusive Behavior:\*

Yes

Date: 11/21/2022

## Rationale\*:

(k)(2), (b) (6), (b) (7)(C)

7. Increase in Frequency and Severity:\*

Unknown

8. Forced Sex:\*

No

9. Strangulation:\*

No

10. Jealousy, possessiveness, and/or obsession including stalking:\*

Unknown

11. Use of Drugs or Alcohol:\*

No

12. Victim Vulnerability:\*

Yes

Date: 11/21/2022

**Rationale\*:**

The couple have a two year old son and a newborn daughter.

13. Failure to Meet Basic Needs:\*

No

14. Fear of Caretaker/Partner Expressed:\*

Yes

Date: 11/21/2022

**Rationale\*:**

The couple express fear of one another.

15. Non-Protective or Uncooperative Non-Offending Caretaker:

N/A

16. Central Registry Report:\*

No

17. Note any additional factors judged to be of importance with regard to immediate safety:

Date: 11/21/2022

The SMH requested a victim advocate and one was assigned through Bethesda. The DAVA at Bethesda was made aware on this day of the incident.

**SAFETY ACTIONS TAKEN**

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 11/21/2022

Provider Name: (k)(2), (b) (6)

Action Taken: Safety planning offered; AV/SM declined;

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 12/1/2022

Provider Name: (k)(2), (b) (6)

Action Taken: Safety plan declined by AV;

POC: (k)(2), (b) (6)

Safety Actions Taken: Yes

Form Status: Committed

**Relevant Safety Information:**

Contact Date: 12/2/2022

Provider Name: (k)(2), (b) (6)

Action Taken: AV declined safety planning;

POC: (k)(2), (b) (6), (b) (7)(C)

SIGNATURES

Signature of Provider: (k)(2), (b) (6), (b) (7)(C)

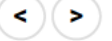
Date of Signature: 11/21/2022

## PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE*

## Administrative Note

Case Number: 459430



Provider's Name: (k)(2), (b) (6)

Date: 11/21/2022

Administration: --

Attempted Contact: No

On Monday, November 21, 2022, FAP VA received an email from, (k)(2), (b) (6), Regional Social Advocacy Clinical Counselor at the Naval District Washington regarding a bidirectional case where AV/SM was requesting victim advocate services. FAP VA plans to reach out to AV to offer victim advocacy services.

Administrative Note:

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

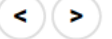
Date of Signature: 11/21/2022

## PRIVACY ACT

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## Collateral Contact Note

Case Number: 459430



Clinical Provider: (k)(2), (b) (6)

Contact Date: 11/21/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Contact Name: NCIS

Collateral Contact: NCIS

Type of Contact: Email

Summary of Contact: This case did not met NCIS threshold for investigation.

Contact Related to

Deployment:

Type of Deployment: --

Members Deployment Status at Time of Contact: --

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## Relevant Safety Information:

Contact Date: 11/21/2022

Provider Name: (k)(2), (b) (6)

Action Taken\*:

POC\*:

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

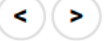
Date of Signature: 11/21/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Collateral Contact Note

Case Number: 459430



Clinical Provider: (k)(2), (b) (6)

Contact Date: 11/17/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Contact Name: Chief (k)(2), (b) (6)

Collateral Contact: Base Security

Type of Contact: In Person

Summary of Contact: CM spoke with chief (k)(2), (b) (6) about the incident and he said he is aware of the police report as he read it at the last IDC and is aware the IDC wants to re hear the case as SM as the AV and FMW as the AO.

Contact Related to

Deployment: No

## CONTACTS SEEN

Uniform Service Members: 0

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 1

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/21/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Command Contact Note

Case Number: 459430



Clinical Provider: (k)(2), (b) (6)

Contact Date: 11/16/2022

Time Spent: 0 Hours 30 Mins

Type of Contact: Phone

## CONTACT

Contact Name: CDR (k)(2), (b) (6)

Command: ANAC NAVSUPPFAC THURMONT MD

Contact Related to

Deployment:

CM spoke with CDR (k)(2), (b) (6) about the new allegation for IDC due to last IDC the determination wanted to re-hear the case with the SM as a victim and AO is the FMW related to police report that was presented at last IDC. The CM provided the date of IDC for Dec.

Summary of Contact: 15th. CDR has a current updated certificate.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/21/2022



# Privacy Act Data Cover Sheet

## DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

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DD FORM 2923, MAR 2009

Case: 459430

Client: Ford, Jacob

**Printing the following forms:**

FAP Client Contact Note  
Administrative Note  
Victim Advocate Contact  
Administrative Note  
FAP Client Contact Note  
Victim Advocate Contact  
Victim Advocate Contact  
Administrative Note  
Administrative Note  
Victim Advocate Contact  
Administrative Note  
FAP Client Contact Note  
Incident Assessment  
FAP Client Contact Note

Printed On: 12/29/2022

**The following non-native documents should be printed individually:**

FAP VA - Domestic Abuse Intimate Partner Safety Plan  
FAP VA - Victim Advocate Lethality Assessment Checklist



## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 459430

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 12/16/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment: No

Summary of Contact: Per SM, He reported he and his command are identifying military's housing in Bethesda silver springs or DC area. He purchased a vehicle for FMW to access support services. The vehicle will be at the airport when she comes and he will park it at airport and will make a plan to exchange keys. He said she will assure housing furniture and food will be arranged for spouse and children and will update CM next week about concrete plans.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

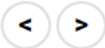
Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/16/2022

Administrative Note

Case Number: 459430

Client Name: Ford, Jacob



Provider's Name: (k)(2), (b) (6)

Date: 12/16/2022

Administration: Not Applicable

Attempted Contact: ☐

Administrative Note: CM called the client and left message.

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/16/2022

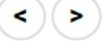
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Victim Advocate Contact

Case Number: 459430

Client Name: Ford, Jacob



Contact Date: 12/15/2022

Time Spent: 0 Hours 15 Mins

## CONTACT

Victim Advocate: (k)(2), (b) (6)

Type of Visit: Email

Type of Contact: Follow-up

Client Referred By: FAP

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 1

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 2

## Services:

## Other Services 1:

## Other Services 2:

## Other Services 3:

## Information Provided:

Other

## Other Information Provided 1:

New Parent Support Program  
@ Ft. Derrick  
Antoinette Thompson  
785-488-7238

## Other Information Provided 2:

## Other Information Provided 3:

Relevant Information: Detrick) via email.

On Thursday, December 15, 2022, FAP VA provided AV with the  
mobile number of Ms. Antoinette Thompson( New Parent Support Ft.

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/15/2022

12/29/22, 1:41 PM

FFSMIS

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Administrative Note

Case Number: 459430

Client Name: Ford, Jacob

<>

Provider's Name: (k)(2), (b) (6)

Date: 12/15/2022

Administration: --

Attempted Contact: No

Administrative Note: On Thursday, December 15, 2022, FAP VA received a telephone call from Antoinette Thompson, at New Parent Support (Ft. Detrick) who provided this writer with her best contact number (785-488-7238).

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/15/2022

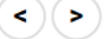
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 459430

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 12/9/2022

Time Spent: 1 Hours 0 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment: No

Summary of Contact: CM called SMH about the concern shared by FMW who reported she was ordered by court to return to Maryland in 20 days with children and they do not have any housing. She said she has attempted to talk with FMH and the plans are confusing because she doesn't work she is caring for newborn and two year old son, that she is scared and worried there will be no housing or food when she and kids arrive.

SMH said he has been communicating via text with FMW about applying for affordable housing and has identified properties and has communicated this with FMW.

CM encouraged SM work with his JAG, command, and his attorney about his role and responsibility as he is still married and not divorced and has pendente lite orders through the court that did not detail housing instructions.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken: No

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/9/2022

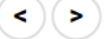
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Victim Advocate Contact

Case Number: 459430

Client Name: Ford, Jacob



Contact Date: 12/2/2022

Time Spent: 0 Hours 15 Mins

## CONTACT

Victim Advocate: (k)(2), (b) (6)

Type of Visit: Phone

Type of Contact: Follow-up

Client Referred By: FAP

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## Services:

Safety Assessment, Safety  
Planning

## Other Services 1:

☐

## Other Services 2:

☐

## Other Services 3:

☐

## Information Provided:

☐

## Other Information Provided 1:

☐

## Other Information Provided 2:

☐

## Other Information Provided 3:

☐

On Friday, December 2, 2022, FAP VA reached out to AV who reported feeling safe. AV reported that AO/wife will be returning to Maryland by December 31, 2022 as ordered by the court. AV reported that they do not have plans to leave together.

Relevant Information:

## SAFETY ACTIONS TAKEN

Safety Actions Taken: Yes

## Relevant Safety Information:

Contact Date: 12/2/2022

Provider Name: (k)(2), (b) (6)

Action Taken\*: AV declined safety planning;

POC\*: (k)(2), (b) (6)

**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/2/2022

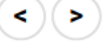
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Victim Advocate Contact

Case Number: 459430

Client Name: Ford, Jacob



Contact Date: 12/1/2022

Time Spent: 0 Hours 15 Mins

## CONTACT

Victim Advocate: (k)(2), (b) (6)

Type of Visit: Email

Type of Contact: Follow-up

Client Referred By: FAP

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## Services:

☐

## Other Services 1:

☐

## Other Services 2:

☐

## Other Services 3:

☐

## Information Provided:

Other

## Other Information Provided 1:

## Parenting:

New Parent Support Program  
@ Ft. Derrick  
Antoinette Thompson  
301-619-0323

New Parent Support Program  
@ Ft. Meade  
Lisa Turner-McDougle  
301-677-9608

Care Net Pregnancy Center of  
Frederick  
<https://carenetfrederick.org/services/parenting-classes-frederick-maryland/>  
301-662-5300

## Other Information Provided 2:



**Counseling:**

1.) Contact Tricare for counseling referrals

2.) Military One Source  
800-342-9647

Other Information Provided 3:

Relevant Information: On Tuesday, December 1, 2022, FAP VA emailed AV resources for parenting and counseling services as requested.

**SAFETY ACTIONS TAKEN**

Safety Actions Taken:

**Relevant Safety Information:**

Contact Date:

Provider Name:

Action Taken\*:

POC\*:

**SIGNATURES**

Signature of Provider:

Date of Signature:

12/29/22, 1:41 PM

FFSMIS

PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

Administrative Note

Case Number: 459430

Client Name: Ford, Jacob

<>

Provider's Name: (k)(2), (b) (6)

Date: 11/25/2022

Administration: --

Attempted Contact: No

Administrative Note: On Friday, November 25, 2022, FAP VA received privacy act and domestic abuse victim reporting option statement form from AV via email.

SIGNATURES

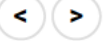
Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/25/2022

## PRIVACY ACT

*This information is Privacy Act protected - SENSITIVE*

## Administrative Note

Case Number: **459430**Client Name: **Ford, Jacob**Provider's Name: **(k)(2), (b) (6)**Date: **11/23/2022**Administration: **--**Attempted Contact: **No**

On Wednesday, November 23, 2022, FAP VA sent AV an reminder to review, sign, and return the privacy act and victim reporting option statement to this writer. Forms were initially email to AV

Administrative Note: **on Monday, November 21, 2022.****SIGNATURES**Signature of Provider: **(k)(2), (b) (6)**Date of Signature: 11/23/2022

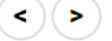
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Victim Advocate Contact

Case Number: 459430

Client Name: Ford, Jacob



Contact Date: 11/21/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Victim Advocate: (k)(2), (b) (6)

Type of Visit: Phone

Type of Contact: Initial Contact

Client Referred By: FAP

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## Services:

Safety Assessment, Safety  
Planning

## Other Services 1:

☐

## Other Services 2:

☐

## Other Services 3:

☐

## Information Provided:

☐

## Other Information Provided 1:

☐

## Other Information Provided 2:

☐

## Other Information Provided 3:

☐

Relevant Information: On Monday, November 21, 2022, FAP VA received a return call from AV/SM who was informed of and accepted victim advocacy services. Roles and Responsibilities of the FAP VA discussed. Privacy Act and limitations of confidentiality discussed and emailed AV/SM. Lethality Assessment Checklist completed. AV/SM declined a written individualized safety planning given the distance between AO/wife who lives in Texas.

AV reported that he has two children: ages: 2-years-old and infant. AV stated that he has been separated from AO/wife since August 10, 2022 and both parties have attorney's to address their legal matters.

AV/SM stated that he was interested in counseling services and parenting classes. FAP VA plans to locate and forward military/community resources to AV/SM via email. AV/SM requested weekly follow-up on Fridays after 10am.

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**SAFETY ACTIONS TAKEN**

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Safety Actions Taken:

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**Relevant Safety Information:**

Contact Date:

Provider Name:

Action Taken\*:

POC\*:

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**SIGNATURES**

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Signature of Provider:

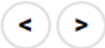
Date of Signature:

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Administrative Note

Case Number: 459430

Client Name: Ford, Jacob



Provider's Name: (k)(2), (b) (6)

Date: 11/21/2022

Administration: --

Attempted Contact: No

On Monday, November 21, 2022, FAP VA attempted to reach out to  
Administrative Note: AV/SM, but no one answered; FAP VA left message.

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/21/2022

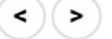
## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 459430

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 11/18/2022

Time Spent: 1 Hours 0 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment: No

Summary of Contact: CM interviewed AV SMH for Incident assessment on this day.

CM complete the initial FAP assessment. Clients' Rights and Responsibilities, the Privacy Act Statement, Limits of Confidentiality and mandated reporting requirements were explained to client, who verbally acknowledged her understanding and signed the required documents. The Privacy Act Statement contains identification for the Personnel Reliability Program (PRP). PRP status marked as "NO." The Family Advocacy Process, Mandated Reporting, Limits of Confidentiality, and reasons for potential treatment failures, were reviewed and discussed with the client by this writer, and client acknowledged her understanding verbally and by signing the appropriate forms prior to disclosing details of the alleged incident.

Aftercare treatment planning and options were discussed with client.

CM Provided information and resources to counseling services at FFSC, Chaplain, and Military source one to address stressors related to incident.

Additionally, client was offered domestic violence victim advocate services, and he is provided a victim advocate from Annapolis, MD.

AV reported no substance abuse, mental health disorders, reported presently or in the past.

Client reported No suicidal/homicidal issues. The client reported no weapons were involved in the incident. The client reported no safety concerns.

The client shared stressors related to custody arrangements and being a new father.

CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

SAFETY ACTIONS TAKEN

Safety Actions Taken: No

SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/5/2022



## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## Incident Assessment

Case Number: 459430

Client Name: Ford, Jacob



## CONTACT

Date\*: 11/18/2022

Time Spent: 0 Hours 0 Mins

Type of contact: Phone

Is this individual on active duty? ☐

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## QUESTIONS

Privacy act explained? Yes

Mandatory reporting requirement explained? Yes

Client rights and responsibilities explained? Yes

Client questions? No

Client consent to participate? Yes

Was the FAP process explained? Yes

## ALLEGATIONS

Allegation #1: Spouse or Intimate Partner Physical Abuse

Role in Allegation: Victim

**Roles defined on other Incident Assessment forms:**• (b)(2), (b) (6), (b) (7)(C) identified as **Offender** on form 7277526 (Committed)

Note: Requirement of single Victim and Offender roles is satisfied for this Allegation.

**A. ACT: (non-accidental use of physical force):**

FMW physically scratched and punched SMH.

Per SM/AV: "We were arguing in bed and she got mad at me. She started punching me in the stomach and scratched my arm and face and basically she was doing that for 20 seconds, I proceeded to hold her down, so she could stop; then she bit me on my arm". "I called the police to report this".

(Photos provided by SM to CM of scratches, bite mark and redness to face).

Backstory: The argument was about her father being drunk and he was beating doors in the house while my wife, son, and I were sleeping. I heard my mother in law screaming so this woke up the baby. I was upset because I had to work in the morning the time was 1:15 AM. My wife left the room to talk with her friend/roommate in another room and I went to the room to talk to wife. I inquired if my wife was going to stop or say something to her father, so I spoke with father to tell him to stop making noise and screaming, then my wife came back to our room yelling at me telling me I was disrespecting her and she became physical and attacked me.

**B. IMPACT: (significant impact involving any of the following):**

**B1. Any physical injury:**

Per SM/AV: "I showed you pictures of the scratch on my neck and bit mark along with the police report". "The injuries to my neck, nose, and bite drew blood".  
Level force was 5/6.

**B2. Reasonable potential for more than inconsequential physical injury:**

denied

**B3. More than inconsequential fear reaction:**

denied

**EXCLUSIONS:** An act committed to protect the alleged abuses from imminent physical harm from the spouse or intimate partner who was in the act of using physical force (all three of the following must be met):

**1a. The act occurred while the spouse or intimate partner was in the act of using physical force:**

n/a

**1b. The sole purpose of the act was to stop spouse or intimate partner from using physical force:**

Per SM/AV: "I held her down because I was getting hit and then she bit me".

**1c. Use of force was minimally sufficient to stop the spouse or intimate partner's use of physical force:**

n/a

**Allegation #2: Spouse or Intimate Partner Emotional Abuse**

Role in Allegation: Offender

**Roles defined on other Incident Assessment forms:**

• (b)(2), (b) (6), (b) (7)(C) identified as **Victim** on form 7277526 (Committed)

Note: Requirement of single Victim and Offender roles is satisfied for this Allegation.

**A. ACT: (non-accidental act, acts or threat, excluding physical or sexual abuse or threat, adversely affecting the victim's psychological well being):**

Per SMM, "I went to the all the hospitals in the area because my wife did not let me know which hospital my daughter was born; I needed to get her records in order to provide proof of birth for my paternity leave and Deers".

"I requested my daughters records from the hospital and they gave it to me as I am the father".

"My wife invited me to go with her to Deers, so I met her there, when there, she asked me what was in the folder so I showed her. I told her I obtained medical records and I was disappointed she didn't invite me to the birth of my daughter, she gets sad and starts crying, I ignored it looked away, I minded my business and people told me to comfort her, I told them I am going through a divorce I rather not".

**B. IMPACT: (significant psychological harm including any of the following):**

**B1. More than inconsequential fear reaction:**

denied

**B2. Significant psychological distress:**

denied

**B3. Fear affecting ability to carry out any of the 5 life activities:**

**B3a. Employment:**

denied

**B3b. Education:**

denied

**B3c. Religious Faith:**

denied

**B3d. Medical Services:**

denied

**B3e. Mental Health Services:**

denied

**B4. Stress-related somatic symptoms:**

denied

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## RISK ASSESSMENT INTERVIEW

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**1. Frequency of abuse:**

The client provided partial interview.

**2. Intimidation & control issues (AO):**

The client provided partial interview.

**3. Beliefs supporting relationship violence (AO):**

The client provided partial interview.

**4. Locus of control (AO):**

The client provided partial interview.

**5. Significant relationship stressors (AO):**

The client provided partial interview.

**6. Significant relationship stressors (AV):**

The client provided partial interview.

**7. Motivation to change (AO):**

The client provided partial interview.

**8. Physical, emotional, mental impairment (AO):**

The client provided partial interview.

**9. Physical, emotional, mental impairment (AV):**

The client provided partial interview.

**10. Substance abuse (AO):**

The client provided partial interview.

**11. History of abusive behavior (AO):**

The client provided partial interview.

**12. History of victimization (AO):**

The client provided partial interview.

**13. History of victimization (AV):**

The client provided partial interview.

**14. Significant family stressors:**

The client provided partial interview.

**15. Access to social support/services:**

The client provided partial interview.

**16. Family strengths:**

The client provided partial interview.

---

**Biopsychosocial information:**

The client is a 24 yr old SMM and has two kids a 2 year old and newborn daughter. The couple are currently separated.

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**SIGNATURES**

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 12/14/2022

## PRIVACY ACT

This information is Privacy Act protected - SENSITIVE

## FAP Client Contact Note

Case Number: 459430

Client Name: Ford, Jacob



Clinical Provider: (k)(2), (b) (6)

Date: 11/18/2022

Time Spent: 0 Hours 30 Mins

## CONTACT

Type of Contact: Phone

Contact Related to

Deployment:

Summary of Contact: CM notified the client based on the last IDC and he providing a police report that the IDC determined they wanted to hear the case as him being the victim and FMW as the offender. He agreed for an interview for statement.

## CONTACTS SEEN

Uniform Service Members: 1

Family Members: 0

Non-Beneficiaries: 0

Federal Civil Servants: 0

Civilians: 0

Total Contacts Seen: 1

## SAFETY ACTIONS TAKEN

Safety Actions Taken:

## SIGNATURES

Signature of Provider: (k)(2), (b) (6)

Date of Signature: 11/18/2022